VS A15

MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

09385

CERTIFICATE OF DEATH

Reg. Diat. No. 302

City or town(I How long in above pla Hospital, institution,	Mashing to Lagers town I counside city or town I care of death?	limits, write RU 41 yes death occurred: rson S	RAL and give nearest town)	State Maryland Cousty Vashington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 234 Jefferson St. (If rural, give LOCATION) 2.(a) If reteran, name war.			
3. (a) FULL NA	ME	0	A D-1			3. (b) Social Security	
4. Sex	5. Color or race	Georg	e A. Baker married, widowed, or divorced	li .	MEDICAL CI	ERTIFICATION	0 = 10
Male	White	1/2	ngle		October		1 20
	nd or wife y, yr.) _Octob	9 (-)	M - N	ears and that I last saw	death occurred on the date about 19.1 ts. h	47 10 bet.	19.47
	ars Months	Days	If less than one day		of death		
41	11	3 -	hrs.	min.	gestive Hea	nt Failure	2 Mouths
P. Bietholace Ha	gerstown	Was	hington M	0 -11	······		***
5. on impraed	Labor	, country, and st	nte)		***************************************	***************************************	
tD. Usual occupatio	B		t Works.	Due to		***************************************	***
11. Industry or busin		Bake	r autau		77 -	1 1 0	****
t2. Name	Hagerst				Chrowin as		
				(1	Include pregnancy within 3	months of death)	
14. Maiden nar 15. Birthplace	meDEILE L			Major fiediegs of	operations	ge	
						Date ot op	
to. intormant		***************************************		Actopsy resolts	ase noderline the cause to w	hich death should be charge	d statistically.
Address	Hagerstow			an IVIOLENCE I	f death was due to external car		
Buri	al	Date there	(month) (day) (year)	4.7 Accident, suicide.	or homicide		
(Burial, cremat	natoryRose	Hill C	emetery (year)		(City or town)		(State)
	Hagers	town	Md.		(City or town) arm, Industry, public place (w		
Location				Misens of Injury	ermi manariti hanna histo (u	Injured at work?	
t8. Funeral directo	Hagers	town	nich & Son Md.	*****	26/-	. / . /	
Address Def:	6, 4	7 6	East Bowe		Magerstons	Ma. 20	of other
(Date rec'd by	registrar)		Regis	trar Address	- agection	Date signer	14/4/



2411 N. Charles St., Baltimore

09386

CERTIFICA	State		
1. PLACE OF DEATH: County			
4. Sex Male S. Color or race Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. October 4, 194719. 3;	:00 P.	
6.(b) Name of husband or wife Vertie L. Barncord 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 25, 1885 8. AGE: Years Months Days It less than one day 62 3 9 hrs. min. 9. Birthplace Hagerstown— Wash Co., Md.	Immediate cause of death Cerebral hemorbage	19.4.7.7 19.4.1	
10. Usual occupation. Real Estate Dealer 11. industry or business 12. Name	Due to		
Sarah Dennis Washington County, Md.	(Include pregnancy within 3 months of death) Major findings of operations		
Address 138 F. Wash. St. Hagerstown, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Hagerstown, Md.	Where did Injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)	(State)	
18. Funeral director Fred W. Kraiss	Means of injury tnjured at work?		

Registrar

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH &

09514

1. PLACE OF DEATH: County Haserstown Route #2 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Days Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (For newborn infants) State	(HOME) 01	Reg. Dist. No	
Layman Nursing Home How fong in hospital or institution? 2 Days	City or town	d Courstown Stryland (Ifrural, give	write RURAL and give r	nearest town)
3.(a) FULL NAME MRS IDA BELLE BEALE			3. (b) Social Securit	y Number
Female White Widow	M 2D, DATE DF DEATH		ERTIFICATION 19.4	P.M.
6.(b) Name of husband or wife		alive on	43 to Oct.	19. ————————————————————————————————————
9. Birthplace		nknown		
12. Name. William Yost 13. Birthplace Berkley Springs W. Va. 14. Malden name. Jane Wildhyer: Wire 15. Birthplace Berkley Springs W. Va.	Other conditions		<u></u>	
16. tnformant Mrs. Bertha Diffendall Address Hagerstown Md.	Antopsy results	ne the cause to wh	nich death should he charge	
Burial Date thereof 10/22/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	22. V10LENCE: t1 death was Accident, suicide, or homicide, Whers did injury occur?	no	Date of	
tocation Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md.	Mssns of Injury 23. SIGNATURE AREA		tnjured at work?	



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 302 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or town information carefull of death clearly and write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 7. Birth date of deceased (mo., day, yr.) ADING INK. Supply Physicians: please wri DURATION If less than one day Months 8. AGE: (Town, county, and atate) 1D. Usual occupation. MARGIN 11. Industry or business, important. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... ∑ 15. 8irthpiace PHYSICIAN: Please underline the cause to which death should he charged statistically PLAINLY is especial Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Whera did Injury occur? WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Msens of injury PLEA Address ... Date signed 10 (Date rec'd by registrar) Registrar

RECEIVED

OCT 23 1947

RUBEAUS

HARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

09388

.2	46	-
. 5	()	47

	s St., Baltimore 94a
CERTIFICAL	E OF DEATH Reg. Diat. No. 303
1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Washington State
How long in hospital or institution?	2.(a) I1 veteran, name war
3.(a) FULL NAME Mary Ellen Brewer	3. (b) Social Security Number
4. Sex Female 5. Color or race White 6. (a) Single. marrled, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 8 19.47 21.5:401
6.(b) Hame of husband or wife	21. I CERTIEV that death occurred on the date above stated; that I attended deceased from 19. 4 to Oct. 9. 19. 4 and that I last saw here alive on Oct. 19. 4 Immediate cause of death DURATION 2. december 2. december 2. december 2. december 3. d
9. Birthplace Washington Co. Md/ (Town, county, and state) Home duties	Oue to.
11. Industry or business 12. Name.	Other conditions Franctured Ferrer 1/2 yr due to fall in 1945 (Include pregnancy within 3 months of death)
14. Maiden name. Wash. Co. Md.	Major findings of operations
George L. Brewer Address Big Pool, Md.	Autopsy results
Burial Date thereol	22. VIOLENCE: If death was due to external causes, 11ll in the following: Accident, suicide, or homicide
18. Funeral director Snyder-Rowland Hancock , Md.	Means of Injury Injured at work? 23 SIGNATURE DAVID OF CONSTRUCT M. D.



PLEASE

VS A15

frect age

MARYLAND STATE DEPARTMENT OF HEALTH

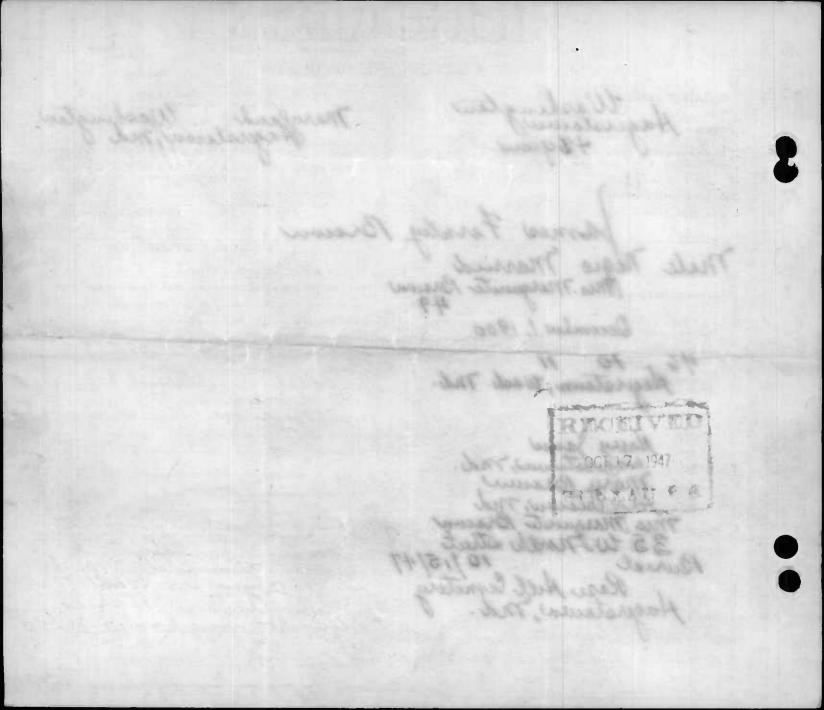
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09389

Reg. Dist. No. 302

1. PLACE OF DEATH:	tan	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give gesidence of mother)	
County County		State Maryland county Wash	moton
City or town (If outside city or town limits, write	KURAL and give nearest town)	City or town (If outside fity or town limits, wrige RURA) and a	, 0
How long in above place of death?		25 (If outside of the or town limits, write RURAL and a	ive nearest town)
Hospital, institution, or street address where dead occurse	en St.	Street No. (If rural, give LOCATION)	
How long to hospital or institution?		2.(g) If veteran, name war	***************************************
3. (a) FULL NAME	~	3. (b) Social Sec	urity Number .
Ames	ternley /	brown 220-	16-0364
4. Sex 5. Color or race 6.(a) Sing	de, married, widowed, or divorced	MEDICAL CERTIFICATION	-
male regio //a	trued	20, DATE DF DEATH LETTER 19. 19.	4-7, 218 20 M
8.(b) Name of husband or wife Thus . Thurs	verite Brewn	21. I CERTIFY that death occurred on the date above alated; that I altended	ed deceased from
0.6	(c) If alive, give ageyears		
7. Birth date of deceased (mo., day, yr.) December 1,	1900	and that I last saw halive on	
8. AGE: Years Months Days	If less than one day	Immediate cause of death	DURATION
46, 10 11	hrs,min.	and want there	ah.
9. Birthplace Hazekstown W.	ach. The	Due 10. Colonial Contractal Contract	
(Town, county, and	atate)		
10. Usual occupation.	Oh. Tal	Due to.	
11. Industry or business Restaurant	yelalor		
12. Hame Harry sues 13. Birthplace Saperstown	150	Other conditions	***************************************
	s, mai.	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Brown 15. Birthplace Ham Struck;	un	Major findings of operations.	
\$ 15. Birthplace Franklike	ma	Date of op	
16. Informant MAA. Marqueste	Bysww	Antopsy results	based statistically
Address 35 W. Marth	v Street		
17 Burel Bate the	10/15/47	22. VIOLENCE: If death was due to external causea, fill in the following Accident, suicide, or homicide. Date of	
(Burial, cremation, or removal, Which?)	(month) (day) (year)		M. Fred.
Cemetery or crematory Conse All	5 corneror	(City or town) (County)	(State)
Location House State Land	IND.	Injured at home, farm, Industry, public place (where?)	The same of
18. Funeral director William H	Downers	Maans.of Injury things the state of the stat	MEDICAL EXAM.
Address 291 Grederick st	Hagustolon	WALL OHUAT WOODEN WIS	H. CO., MD.
" ret: 15: "47 /h	Telest Powers	25. Signature.	M. D. erether
(Date rec'd by registrar)	Registrar	Address Date	signed And I de State



Dr. Hornbaker

09390

Reg. Diat. No. 302

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE County Wash:	ington	vn	URAL and give nearest town)			
How long in above place	of death? 2 Y. street address where do Mulberry	BARS	***************************************			
3. (a) FULL NAM						
	TRACY		ON CALHOUN			
Male	White		, married, widowed, or divorced			
6,(b) Name of husband	or wife Eli:					
7. Birth date of deceased (mo., day,	C 4.	mber) If alive, give age 55			
8. AGE: Years	Months	Days 2	If less than one day			
1D. Usual occupation 11. Industry or busines 12. Name	Night Fo	oreman Stick Alhoun River	ingham Co. Va n el & Son n Va.			
15. Birthplace	North F	River	Va.			
16. Informant Mrs. Elizabeth Calhoun Address Hagerstown Md.						
17. Burial Date thereof 10/23/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Rest Haven Cemetery Location Hagerstown Md.						
18. Funeral director	Andrew K. Hagerstov		fman			
19. Oef	3, 1947	-67	Cost Bower			

(Lot newborn turants kise tesidence of mot	nsery	
State Maryland County	Washington	***************************************
City or town Hagerstown (If outside city or town limits, w	rite RURAL and give nearest to	own)
Street No. 216 N. Mulber		
(If rural, give LO	CATION) COTS	,
(If rural, give LO 2.(a) If veteran, name war	r #1 307 En	9-
	3. (b) Social Security Numb	
	214-09-305	6
MEDICAL CER	TIFICATION	
20. DATE DF DEATH October 20) 19.4.7at	7:30Pm
21. I CERTIFY that death occurred on the date above s	stated; that I attended deceased from	m
		19
and that I last saw h. A.A. ailve on		19
Immediato cause of death	Dr	DURATION
acute coronog onle	nou b	End -
Due to asterios cherosis of	de la constant	green
asterno land aun	convey	<u>U</u>
Due 10 rulusion	May 1945)	
Dther conditions	•	
(Include pregnancy within 3 mon	ths of death)	
Major findings of operations	***************************************	
	Date ot op	
Autopsy results	***************************************	
PHYSICIAN: Please underline the cause to which	death should be charged statisti	cally.
22. VIOLENCE: If death was due to external causes,	, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County) (State	te)
Injured at home, farm, Industry, public place (where	?)	
Meens of Injury	Injured at work?	
23. SIGNATURE John Allone	bakers, do. 7	
Address Jag w. Weaking	tou de -M. D. or other	121/47
Address	Date Signed	

2. USUAL RESIDENCE (HOME) OF DECEASED:

MARGIN RESERVED FOR BINDING

A15 NS

RECEIVED

OCT 25 1947

BYTH

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Ditto

09391

CERTIFICATE OF DEATH

Reg. Dist. No. 302

City or town(If ou How long in above place of Hospital, instilution, or s	gton aperst tside city or tow death?	own n limits, write R 25 Yeal	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Washin	gton Co	ounty F	lospital	(If rural, giv	ve LOCATION)	
How long in hospital or	Institution?	4 Week	S	2.(a) It veteran, name warNo.ne	••••••••••	
3. (a) FULL NAME	MRS ADI	ELINI (C. CASTELUCCI		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Female	White	Man	ried	20, DATE OF DEATH October 1	7. 19.47	at 1.2 iii
6,(b) Name of husband o			c) If alive, give age4.6years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr) Mar	ch 3,19	t (jess than one day	Immediate cause of death		DURATION
8. AGE: Years	7	14	hrsmin.	gagren ly-c		zu_
10. Usual occupation 11. Industry or business	House Own Itonio	Wife n Home Calenda	ella.	Due to		109-
	Colu		oumbia.	(Include pregnancy within		
	agidoCa Lagerat		cci	Autupsy results PHYSICIAN: Please underline the cause tu 22. VIOLENCE: It death was due to external of	which death should he charged	
(Burial, cremation,			eof. 10/30/47 (month) (day) (year) Gemetery	Accident, suicide, or homicide	Date of	
Location	gersto	wn lid.		Injured at home, farm, Industry, public place		
	Andrew erstor		fnen	Means of Injury 23. SIGNATURE	Injured at work?	
19. (Date rec'd by reg	9 19 4 istrar)	7-6	estf Bowers Registral	Also make	M. D. Bate signed.	19/10/13

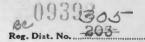
OCT 21 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DE.				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED:
			***************************************	Maryland	nty Washington
City or town(If o	utside city or town	imits, write R	URAL and give nearest town)		
How long in above place	ot death?1	yr. 3 1	nos.	City or town Baltimore (If outside city or town limits	
Hospital, Institution, or	street address where	death occurred	ry for Males	Street No. 918 N. Parrish	St.
0.00.1000100100000000000000000000000000			0 000 × 400 × 00 0 000 000 000 000 000 0	(If rurai, give,	LOCATION)
		¥1 2 !	nos.	2.(a) If veteran, name war	
3. (a) FULL NAM					3. (b) Social Security Number 216-20-6923
I	loyd Chas	e			210-20-0920
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	Negro		Single	20. DATE OF DEATH October	10, 19 47 at 5:27 A
R (b) Name of bushand	or wite	-000		21. I CERTIFY that death occurred on the date about	ve etated; that I attended deceased from
				Qct 10 19.1	HG 10 (OCT (U) 18 17)
7. Birth date of	March	19, 19	e) If alive, give ageyeare	and that I last eaw h. MAL. alive on	2 F9 18 4 7
deceased (mo., day, y	Months	Days	If lese than one day	Immediate caese of death	DURATION
19	6	21	hrsmin.	Tilly Tule	calores 14
6. Blothylage	Baltimor	e. Md.	tate)	Bue to	
s. Birthplace	(Town	connty, and s	tate)	DEC 10	***************************************
10. Usual occupation	Chaufi	eur		Rue to	D110000001111000110
11. Industry or buelneed					
至 12. Name	Richar	d Cha	se	Other conditions	
12. Name	Balt:	lmore.	Maryland		
E				(Include pregnancy within 3 m	
14. Malden name			Maryland	Major fiediegs of operations	
				5.2.	
18. Intermant Ma.I	yland S	tate R	eformatory For		
Address E	reatheds	ville	, Maryland	PHYSICIAN: Please onderline the cause to wh	
Buria Buria (Burial, cremation	1	Date there	ot Oct. 13/47 (month) (day) (year)	22. VIOLENCE: If death was due to externat cause	
(Burial, cremation	or removal. Which?) A 1	(month) (day) (year)	Accident, euicide, or homicide	
Cemetery or cremato	y	t. Au	ourn Cemetery	Where did injury occur?(City or town)	(County) (State)
Location	Baltimor	e, Mai	ryland	Injured at home, tarm, Industry, public place (wh	nere?)
18. Funeral director	Andrey	K. C	offman	Means of Injury	Injured at work?
Address	Hager	stown	, Md	1 Cohout P	Courad, W.D.
act	10 117	10	St. Jon X	23. SIGNATURE	M. D. or other
19. (Date rec'd by re	istrar)	- Fire	Registrer	Addrees Hagers Jown,	U- Date eigned 10-10-47



WS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CLITTICA	208. 2100. 17		
1. PLACE OF DEATH: County Washington Rural-Sharpsburg, Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Rural-Sharpsburg, Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 47 years Hospital, institution, or street address where death occurred: How long in hospital or institution?	City or town Rural Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No.		
3.(a) FULL NAME Jennings Bryan Crampton	3. (b) Social Security Number None		
4. Sex Male S. Color or race White S. (a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of husband or wife Margaret P. Crampton 5.(c) If alive, give age yea 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4		
8. AGE: Years Months Days If less than one day 9hrs	A A		
9. Birthplace Antietam-Wash, -Maryland (Town, county, and state) 10. Usual occupation Merchant 11. Industry or business	Due to.		
12. Name Thomas Crampton Antietam-Maryaand			
14. Maiden name Unknown 15. 6irthplace	(Include pregnancy within 3 months of death) Major fiadiogs of operations		
16. Informant Mrs. Margaret P. Crampton Address Sharpsburg, Md. R. F. D. #2 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Mt. View	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)		
location SharpsburgMaryland 18. Funeral director R. I. Earnshaw	injured at home, farm, Industry, public place (where?)		
Address Keedysville, Md 19. 10 - 7 (Date rec'd by registrar) (Date rec'd by registrar) Kegistra	23. SIGNATURE. M. D. or other M. D.		

NOV 20 1947

The Park To

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 307

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington Maryland	sizte Maryland county Washington		
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	Uncenstown		
How long in above place of death? 3 years	City or town	nearest town)	
Hospital, institution, or street address where death occurred: Homewood Church Home	Street No. 1823 Virginia Avenue		
How long to hospital or Institution? 3 years	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Securit	y Number	
Minnie P. Deardorff 4 Sex 5. Color or race 5. (a) Single, married, widowed, or divorced			
7.00	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH	, ai	
6.(b) Name of husband or wife	21. I CERITFY that death occurred on the date above stated: that I aliended de	ceased from	
.6.(c) If alive, give age	9 1 4-47 19 100 cf 3	-4719	
7. Birth date of Compton CA 1000	and that i last saw all alive on y 47	19	
deceased (mo day, yr.) September 24, 1078 8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
69 5 11 hrs.	min .		
		one	
9. Birthplace. Newport, Pa. (Town, county, and state)	Due to	Inches	
10. Usual occupation Retired			
	Due to		
11. Industry or business 12. Name Not Known		****	
	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Not Known 15. Birthpiace	Major findings of operations.		
	Date of op		
16. Informant Rev. W. B. Hartzell	Antopoy results.		
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charge	ed statisticany.	
Removal (Hurial, eremation, or removal, Which?) Removal (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
Control of the contro			
Cemeiery or crematory Newport Cemetery	Where did injury occur?	(State)	
Newport, Pa.	Injured at home, farm, industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of Injury Injured at work?		
Hagaratown Maryland	1 GV r n 14		
Address Hag of South, Harry Faire	/ 23. SIGNATURE N' W SULA)		
19 Oct. 6. 47 Charplowers	at es uslimited	or other	
(Date rec'd by registrar) Regi	strar Address	d	

MARYLAWN STATE DOWNSTRENT BE HEAVY

ESTABLED A

TOTAL DETONOR

OCT 8 1947 BUREAU 9 8 Gible Revenant con my

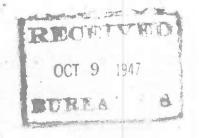
ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /3/0/ 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County, Washington Laboration City or town Hagerstown	state Maryland county Washington
Of autoids situ on town limits write RURAL and give nearest town)	Sharpsburg
How long in above place of death? 12 Hours	City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Washington County Hospital	Street No. Taylors Isnaing (If rural, give LOCATION)
How long in hospital or institution? 12 Hours	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	None
DENNIS Alvev Canfield 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	20. DATE OF DEATH. October 4 19 47, 21 11 P M
6.(b) Name of husband or wife Ida May	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Assessed 7. 1. O. 7. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	September 20 19.47 10. Oct. 4 19.47
7. Birth date of deceased (mo., day, yr.) August 7 1874	and that I last saw h. i Malive on QCt. a. 4 a. 1947.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION cardio-yascular-renal disease 1 Yr.
73 1 27hrsmin.	Carolo-vasculat-lenal_ulsease
9. Birthplace	Busto
9. Birthplace (Town, eounty, and state)	900 10
10. Usual occupation. Farmer	Que to.
11. Industry or business Retired	
E 12 Name Benj. Franklin canfield	Other conditions
13. Birthplace Roanoke Va.	(Include pregnancy within 3 months of death)
E 14. Malden name Mary Eliz Coffman	
Phillipy W. Va.	Major findings of operations. NONE
14. Malden name Mary Eliz Coffman Phillipy W. Va. 16. Informant Mrs. Ida M. Canfield	Antopsy results. none
Cllia D. E. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically,
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Bate thereof 10/7/47 (Burial, eremation, or removal, Whieh?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Msens of injury Injured at work?
	200 00 11 (/2 (/2 1.4)
Address Hagerstown Md.	23. SIGNATURE Walter H. Sheary My S.
19 Oct. 7. 1947 Charft Lowere	M. D. or other
(Date ree'd by registrar) Registrar	Address Sharpsburg, Md. Date signed



2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH	Reg. Diat. No. 30
County Washington County Washington County Washington City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where doubt occurred:	City of town. (If outside city or town lin	county Clas Luss grandles and give hearest too ive LOCATION)
How long in hospital or institution?	2.(u) II veterali, liame war	
3. (a) FULL NAME albert L. Dieterich	1	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced wall white yarried	MEDICAL 20. DATE OF DEATH.	CERTIFICATION (194) a3
8,(b) Name of husband or wife Schrau Jane Dulou 6,(c) If alive, give age 6 7 year	21. I CERTIFY that death occurred on the date	1847. 10 Set, 16
7. Birth date of deceased (mo., day, yr.) April 22 1872 8. AGE: Years Months Days If less than one day	and that I last saw h	
9. Birihplace Franklin Co. Pa. (Town, county, and state) 1D. Usual occupation. A armer	Due to Arding - Vas	enter /
11. Industry or business 12. Name Melofish B. Deterich 13. Birthplace Lenna	Dther conditions	
14. Maiden name Susan ann Bruchake	(include pregnancy within	
16. Informant & Preciser Jaras. Dieteric Address Finiston mel.	Antopsy results	which' death should be charged statistic
17. Bate thereof. (month) (day) (year) Cemetery or crematory Possification (was considered to the con	Accident, suicide, or homicide	Date of
Location Hagerston, Md.	Injured at home, farm, Industry, public place	(where?)
18. Funeral director J. F. Reicher	Means of Injury	Injured at work?
Address Frunkstown Mg 19/0 6 1947 Elf Bayer (Date rec'd by registrar) Registra	23. SIGNATURE Walter &	M. D. or other

MARGIN RESERVED FOR BINDING

NOV 20 1947

RUREAUNG

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

State Magerstown R 2	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Size Now December Size Now December Decem	Hagerstown R # 2	State Maryland County Washington
Content of the cont	City or fown	
Normal Markey Blaine Dorsey 4. 521 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Married 5. (b) Name of harband or wife Grace Buchanan 7. Birth deate of day, r.) 12. Items of harband or wife 8. ACE: Years Months 8. ACE: Years Months 12. Items of harband 13. (b) Social Security Number MEDICAL CERTIFICATION 20. Date Of Death. October 21 1947 is. at 7 A m 21. Items of Death. October 21 1947 is. at 7 A m 22. Items of Death. October 21 1947 is. at 7 A m 23. Items of harband or wife date above states; that I attended deceased from 18. Inholated Downsville Wash. Co. M.d. a. (County or harband or wife) 19. Items occupation. Merchant 10. Usual occupation. Merchant 11. Industry or business Retired 12. Name 13. Downsville Md. 13. Birthplace 13. Downsville Md. 14. Maiden name 15. Birthplace 16. Downsville Md. 16. Informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. (County) 18. County) 18. County) 18. County) 18. County) 18. County) 18. County 18. Married in hard of the date above states; that I attended deceased from 19. Inmediate cause of death. 19. Inmediate cause of death. 19. Usual occupation. Merchant 19. Usual occupation.	How long in above place of death? 50 Years	(If outside city or town limits, write RURAL and give nearest town)
Normal Markey Blaine Dorsey 4. 521 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Married 5. (b) Name of harband or wife Grace Buchanan 7. Birth deate of day, r.) 12. Items of harband or wife 8. ACE: Years Months 8. ACE: Years Months 12. Items of harband 13. (b) Social Security Number MEDICAL CERTIFICATION 20. Date Of Death. October 21 1947 is. at 7 A m 21. Items of Death. October 21 1947 is. at 7 A m 22. Items of Death. October 21 1947 is. at 7 A m 23. Items of harband or wife date above states; that I attended deceased from 18. Inholated Downsville Wash. Co. M.d. a. (County or harband or wife) 19. Items occupation. Merchant 10. Usual occupation. Merchant 11. Industry or business Retired 12. Name 13. Downsville Md. 13. Birthplace 13. Downsville Md. 14. Maiden name 15. Birthplace 16. Downsville Md. 16. Informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. (County) 18. County) 18. County) 18. County) 18. County) 18. County) 18. County 18. Married in hard of the date above states; that I attended deceased from 19. Inmediate cause of death. 19. Inmediate cause of death. 19. Usual occupation. Merchant 19. Usual occupation.		Sireet No_uyetts Cross poads
3. (a) FULL NAME HARRY BLAINE DORSEY 6. Set		(If rural, give LOCATION)
HARRY BLAINE DORSEY 4. 5st 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Married 5. (b) Name of hurband or wife 6. (b) Name of hurband or wife 5. (c) If silve, give age 58 years 6. (c) If silve, give age 58 years 6. (c) Mane of hurband or wife 6. (c) Mane of hurband or wife 6. (c) Haller, give age 58 years 6. (d) Simple above stated; that lattended decassed from 18. (d) Married of the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that lattended decassed from 19. (a) Married on the date above stated; that latte	How long In hospifal or Institution?	2.(a) If veteran, name war
Section of race Section of	3. (a) FULL NAME	3. (b) Social Security Number
Male White Married (6.6) Name of husband or wife Grace Buchanan (6.6) Name of husband or wife Grace Buchanan (6.6) Name of husband or wife Grace Buchanan (6.6) Hallier, give age. 588 years deceared (mm. day, yr.) Junuary 1 1885 (8. AGE: Years Months Days It less than one day Grown, econity, and state) (8. Birthplace Downsville Washa Co. Md.a (Town, econity, and state) (8. Birthplace Downsville Md. (8. Birthplace Downsville Md. (8. Birthplace Downsville Md. (8. Birthplace Downsville Md. (9. Cerebral hedorrhage 18 Hrs. (10. Busal occupillon. Merchant Dust to the conditions Major findings of operations. Major findings o	HARRY BLAINE DORSEY	. None
5. (b) Hame of husband or wife Grace Buchanan 5. (c) If alive, give age 58 years 62 was filed; that I attended deceased from 19 to	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Signification Significatio	Male White Married	20. DATE OF DEATH October 21 1947 19 21 7 A M
Signification Significatio	Grace Buchanan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth faire of meesared (mo. day, yr.) 8. AGE: Years Months Days It less than one day 62 9 20 hrs. min. 9. Birthplace Downsville Wash. Co. Md. (Town, eounty, and atate) 10. Usual occupation. Merchant 11. Industry or business Retired 12. Name. John M. Dorsey. 13. Birthplace Downsville Md. 14. Maiden name Elizabeth Roe 15. Birthplace Downsville Md. 16. Informant Mrs. Grace Dorsey. Address Magerstown Md. R # 2 17. Burial Magerstown Md. R # 2 18. Hornard Grace Dorsey. Location. Broadfording Md. 18. For and the following: 18. For and the following		
8. AGE: Vears Months Days If less than one day 62 9 20 hrs. min. 8. Birthplace Downsville Wash. Co. Md. Cerebral heliorrhage 10. Usual occupation. Merchant 11. Industry or business Retired 12. Name John M. Dorsey 13. Birthplace Downsville Md. 14. Malden name F.1. Zabeth Roe 15. Birthplace Downsville Md. 16. Informant Mrs. Grace Dorsey Address Hagerstown Md. R#2 17. Burial Date thereof 10/23/47 (Burial, cremation, or removal, Which?) Cemetery or cremator Dunkard Cemetery Location. Broadfording Md. 18. For address Andrew K. Coffman Broadfording Md. 18. For address Andrew K. Coffman Broadfording Md. 19. Injured al work?	7 Right date of	and that I last saw halive on
s. Sirippiace Downsville Wash. Co. Md. (Town. eounty, and atate) 10. Usual occupation. Merchant 11. industry or business Retired 12. Name John M. Dorsey 13. Birippiace Downsville Md. 14. Maiden name. Elizabeth Roe 15. Birippiace Downsville Md. 16. informant Mrs. Grace Dorsey Address Hagerstown Md. R#2 17. Burial 18. Washen or removal. Which? 19. Date thereof. 10/23/47 (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Actopy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 16. Funeral director. Andrew K. Coffman 17. Burial 18. Funeral director. Andrew K. Coffman Means of injury Injured al work? 18. Funeral director. Andrew K. Coffman Address Hagerstown Md. 23. SIGNATURE of Date of WASH. Co., MD. M. D. WASH. CO., MD.		Immediate cause of death
9. Sirrhplace Downsville Wash. Co. Md. Correlation. (Town, county, and state) 10. Usual occupation. Merchant 11. Industry or business Retired 12. Name John M. Dorsey 13. Birthplace Downsville Md. 14. Maiden name. Elizabeth Roe 15. Birthplace Downsville Md. 16. Informant Mrs. Grace Dorsey Address Magerstown Md. R # 2 17. Burial (Burial, cremation, or removal, Which?) Cemetery or cremator, or removal, Which?) Cemetery or cremator, or removal, Which?) Cemetery or cremator, or removal, Which?) Location Broadfording Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. 23. Signifulation of County (State) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Physician: Please anderline the cause to which death should be charged statistically. Physician: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (County) (State) Where did injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?) Massa of injury Injured al work? 23. Signifulation of the conditions of the	o. AGE.	
11. Industry or business Retired 12. Name John M. Dorsey 13. Birthplace Downsville Md. 14. Malden name Elizabeth Roe 15. Birthplace Downsville Md. 16. Informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. Burial 18. Funeral director. Andrew K. Coffman 18. Funeral director. Andrew K. Coffman 19. Funeral director. Andrew K. Coffman Address Hagerstown Md. 19. Funeral director. Andrew K. Coffman 20. Signature S. Funeral director. Andrew K. Coffman 21. Funeral director. Andrew K. Coffman 22. Signature S. Funeral director. Andrew M. Coffman 23. Signature S. Funeral M. D.	62 9 20hrsmin.	Usenla Kypletenson 3 you
12. Name	10. Usual occupation. Merchant	
14. Maiden name Elizabeth Roe 15. Birthplace Downsville Md. 16. informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. Burial (Burial, cremation, or removal, Which?) Cemetery or cremator Dunkard Cemetery Location Broadfording Md. Address Hagerstown Md. Address Hagerstown Md. Broadfording Md. Address Hagerstown Md. All Maiden name Elizabeth Roe (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Antopsy resalts. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Mesns of injury injured al work? Address Major findings of operations. Antopsy resalts. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. City or town) (County) (State) Where did Injury occur? Accident, suicide, or homicide. Accident,		
14. Malden name Elizabeth Roe 15. Birthplace Downsville Md. 16. informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Dunkard Cemetery Location Broadfording Md. Location Andrew K. Coffman Address Hagerstown Md. Bate thereof 10/23/47 (City or town) Injured al home, farm, industry, public place (where?) Major findings of operations. PHYSICIAN: Please underline the caase to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of injury Injured al work? OEPUTY MEDICAL EXAMANCE. M. D. M.		
15. Birthplace Downsville Md. 16. informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. Burial Bate thereof 10/23/47 (Burial, eremation, or removal, Which?) Cemetery or crematory Dunkard Cemetery Location Broadfording Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. Address Hagerstown Md. 21. Burial Bate thereof 10/23/47 (Burial, eremation, or removal, Which?) Date thereof 10/23/47 (City or town) (County) (State) Injured al home, farm, Industry, public place (where?) Mesns of Injury Deputy Medical EXAM, Address Hagerstown Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide Bate of County (City or town) (County) (State) Injured al home, farm, Industry, public place (where?) Mesns of Injury Injured al work? 23. SIGNATURE C. MAD. M. D. M. D		(Include pregnancy within 3 months of death)
2 15. Birthplace Downsville Md. 16. Informant Mrs. Grace Dorsey Address Hagerstown Md. R # 2 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory Dunkard Cemetery Location Broadfording Md. 18. Funeral director. Andrew K. Coffman Address Hagerstown Md. Address Hagerstown Md. 21. Burial (Burlal, cremation, or removal, Which?) Company results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of injury Address Hagerstown Md. 23. Signature C. Male Co., MD. M. D. M. D. M. D.		Major findings of operations Manual
Accident, suicide, or homicide. Broadfording Md. Broadfording Broadfording Md. Broadfording Broadfording Md. Broadfording Broadfording Md. Broadfording	2 15. Birthplace Downsville Md.	
Address Hagerstown Md. R # 2 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Dunkard Cemetery Location Broadfording Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. Accident Hager	16 informant Mrs. Grace Dorsey	Antoney results Thorse
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Dunkard Cemetery Location Broadfording Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of injury injured al work? 23. SIGNATURE C. MACH. M. D.		PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory Dunkard Cemetery Location Broadfording Md. Location Andrew K. Coffman Address Hagerstown Md. Mesons of injury Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Mesons of injury Part of Managers of Managers of Injured al work? 23. Signature of Managers of Managers of Injured al work? Managers of Injury Mesons of Injury 24. Signature of Managers of Managers of Injured al work? Mesons of Injury DEPUTY MEDICAL EXAMPLES OF MANAGERS OF MA	Part 2 10/23/47	
Cemetery or crematory Dunkard Cemetery Location Broadfording Md. Location Andrew K. Coffman Address Hagerstown Md. Mesons of injury Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Mesons of injury Part of Managers of Managers of Injured al work? 23. Signature of Managers of Managers of Injured al work? Managers of Injury Mesons of Injury 24. Signature of Managers of Managers of Injured al work? Mesons of Injury DEPUTY MEDICAL EXAMPLES OF MANAGERS OF MA	(Burlal, cremation, or removal. Which?) Date thereof	
18. Funeral director	Cemetery or crematory Dunkard Cemetery	Where did injury occur? (City or town) (County) (State)
Address Hagerstown Md. 23. SIGNATURE 5. OLL TWEEL WASH. CO., MD. M. D. M. D.	Location Broadfording Md.	
Address Hagerstown M.C. Wash. Co., MD.	18. Funeral director	Mesns of Injury Injured all work?
11-7-12 11-7 12 11-12-12-12-12-12-12-12-12-12-12-12-12-1	Address Hagerstown Md.	All Thell WASH. CO., MD.
[Data ree of by registrar)	19. Oct 23. 1947 BlastBowesd (Data rec'd by registrar) Registrar	X/acceptan) me malaches

OCT 25 1947

DURATION

BINDING

FOR

RESERVED

MARYLARD STATE DEPARTMENT OF HEA S. PLACES OF DEATH.

Sales of the last

PLAINL

国

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46gK

09397

Reg. Diat. No. 302 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Washington Hagerstown (If outside eity or town limits, write RURAL and give nearest town 8 years State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Hospital Institution, or street address where death occurred: Street No. 242 S. Potomac Street (If rural, give LOCATION) 2 weeks How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Katherine E. Frownfelter Mone 5. Coinr or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Remale White Widow 20, DATE OF DEATH. October 29, 1947 19 at 6.(b) Name of husband or wife Charles E. Frownfelter 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1-47 19 10 Tel-29 57 and that I last saw here alive on Jef 18- 47 November 7, 1879 deceased (mo., day, yr.) If less than one day 8. AGE: Clear Spring- Wash. Co., Md. (Town, county, and state) 10. Usual occupation Home Duties Berkley Rohrer 13. Birthplace Berkley County, W. Va. (Include pregnancy within 3 months of death) 14 Maiden name Elizabeth Martin Washington Co., Md. 16 Informant John Yeakle PHYSICIAN: Please noderline the cause to which death should he charged statistically. Clear Spring, Md. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Oct . 31-47 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory St. Paul's Cemetery Route 40 W. Hagerstown, Md. Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director Fred W. Kraiss Hagerstown, Md. 23. SIGNATURE.

RECEIVED

NOV 3 1947

BEREATT

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTITIO	Reg. Diat. No. 200
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Maryland county Shington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 10 No. Mulberry St (If rural, give LOCATION)
How long in hospital or institution? 20 Minutes	2.(a) If veteran, name war. None
3.(a) FULL NAME MRS VERONICA VIOLA GALLOWAY	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P
Female White Widow	20. DATE OF DEATH October 22 1947 19 21 9.30 M
6.(b) Name of husband or wife Thomas H. 5.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) ADIII 29 10/2	Immediate cause of death
75 5 23hrs.	
9. Birthplace Myersville Fred. Co. Md. (Town, county, and state) Housewife	
11. Industry or business Own Home	Due to
置 12. Name Ezra Beachley	Other conditions Possible Duemoura 2 days
	(Include pregnancy within 3 months of death)
14. Malden name Caroline Main 15. Birthplace Myersville Md.	Major fiediogs of operations.
5 t5. Birthplace Myersville Md.	Date of op.
18, Informant Mrs. Ora McFadden	Actorsy resolts
Address Hagerstown Mg.	PHYSICIAN: Please ooderline the eaose to which death should be charged statistically.
17. Burial Date thereof 10/25/47 (Burial, eremation, or removal. Which?)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Dunkard Cemetery	Where did Injury occur?
Location Beaver greek Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew k. Coffman	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address Hagerstwon Md.	At Campbell
not zu un beretterener	23. SIGNATURE Address Hagerstowy M/4- Date signed Bef. 24/4

REMOUNTANCE.

OCT 27 1947

BUEFATE

O Registrar

(Date ree'd by registrar)

23. SIGNATURE_

M. D. or other

Hindle of the Arman and the Cale of the Arman and the Arma

OCT 20 1947

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

1. PLACE OF DEATH County Ideal Account of the County Ideal Account Ideal Account of the County Ideal Account of the County Ideal Account Idea		Nog. Disc. 1104
City or town Action of Country of		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
beer lose in above place of deaths. Bospital, institution, or street delayse where death occurred. Street No. 3. Substitute the process of the substitute	KI MI MI TO THE TOTAL THE TANK OF THE TANK	
Street No. A. Mercan lasticulary where death occurred. A Street No. A. Mercan, name var. 3. (a) FULL NAME 3. (b) Social Security Number A Steet No. A. Mercan, name var. 3. (c) Social Security Number A Steet No. A. Mercan, name var. 3. (b) Social Security Number A Steet No. A. Mercan, name var. 3. (c) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number A Steet No. A. Mercan, name var. 3. (d) Social Security Number MEDICAL CERTIFICATION 21. IERRIFY that death occurred on the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I alterded deceased from the date above stated: that I a	How long in above place of death?	City or town
New long in hospital or institution. 3. (a) FULL NAME 3. (b) Social Security Number 1. Sex 4. Color or race 5. (a) Single, married, widowed, or disorced 4. MEDICAL CERTIFICATION 5. (b) Name of husband or wife 5. (c) Halive, give age 7. Series date of deed, day, 717 18. Hald date of deed, day, 717 18. Birthplace of Halive, give age 19. Birthplace of Halive, give age 19. Birthplace of deed, day, 717 19. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Rome, day, day, day, day, day, day, day, day		Street No. 3 Treenfield Id.
1. Sex 6. Color or race 6. (a) Single, married, widowed, or divorced Female White Single 10. Date of Death 10 15 15 17 17		2.(a) If veteran, name war
A. Ser S. Color or race S. (a) Single, married, widowed, or divorced Security of the service of		
## Actions and the final property of the formula of the charged statistically. ## Actions of the charged of the charged statistically. ## Actions of the charged statistically. ## Actions of the charged statistically. ### Actions of the charged statistically. #### Actions of the charged statistically. ##### Actions of the charged statistically. ##################################		
5.(d) Name of husband or wife 5.(e) It alive, give age 7. Beinh date of deceased (mo. day, yi.) May 3/ 4/ 18 years and that I altered deceased from 19. 18.4.7. 10. 10. 13. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 18.4.7. 10. 10. 10. 18.4.7. 10. 10. 10. 18.4.7. 10. 10. 10. 18.4.7. 10. 10. 10. 18.4.7. 10. 10. 10. 18.4.7. 10. 10. 10. 10. 10. 18.4.7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Henry Color or race 6.(a) Single, married, windowed, or avorced	1 - 7120
5.6) Name of husband or wife S. G. Halive, give age. S. G. Halive, give age. S. AGE: Years Monthy Days If less than one day The horizontal form of the halive on 1.0. 1.3. 19.47. S. AGE: Years Monthy Days If less than one day The horizontal form of the halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Due to. Immediate cause of death. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Immediate cause of death. Due to. Special Halive on 1.0. 1.3. 19.47. Immediate cause of death. Immediate cause of deat	- what	
The property of the date of decessed (mo., day, yr.) May 3 1 4 1 1 1 1 1 1 1 1		
8. AGE: Years Month! Days If less than one day House Hous	7. Birth date of Dear of 1 1911 H	
9. Birthplace Half Maching to Mac	The state of the s	Immediate cause of weare
10. Usual occupation	4 14nrsmln.	
11. Industry or business 12. Name	9. Birthplace Hagerston Washington, Rd.	Due to Spense Beforda
Dither conditions 12. Name	1D. Usual occupation	Due to
14. Maiden name 14. Maiden name 15. Birthplace 16. Informant 16. Inf		
14. Malden name 14. Malden name 15. Birthplace 16. Intormant 16. Int	H 12. Name & anney Comment	
16. Intermant According to the course of t		(Include pregnancy within 3 months of death)
16. Intermant According to the course of t	14. Maiden name	
Address Hagerstown Md. P. 6 17. Bulling Comments of the comment of the following of the comment of the following of the comment of the following of the follow	1 0040	
17. Bulling the following: (Burial, cremation, or removal, Which?) Cemetery or crematory. First Harry Clausetter Location. Harry Clausetter Location. Harry Clausetter Means of injury 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, aulcide, or homicide. Bate of (City or town) (Country) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? Means of injury Manner of injury injured at work?	Col 7 Seal P6	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory. Plant Harrey Clantific (City or town) (County) (State) Location Harristown M. Injured at home, farm, industry, public place (where?) 18. Funeral director. Means of injury injured at work? Address Funds town M. D. or other	0 1:0 10/40	
Location Hagiratown Mg. 18. Funeral director H. Percher Address Funls town Mg. 28. SIGNATURE M. D. or other	(Burial, cremation, or removal, Which?) (month) (day) (year)	
18. Funeral director	Cemetery or crematory.	
18. Funeral director. \(\times \) \(\times	Location Acceptation of the Location of the Lo	
Met 11. 150 OLGANISTATIONE M. D. or other	18. Funeral director. X. Ji. Yelcher	22 -0
Mellin 10 Ontable 20 , Negali 7	Address of unlastown Md.	26. SIGNATURE
	19. Oct. 16. 19 47 Skaffffower (Dato rec'd by registrar) Registrar	Address Hagerstone ned Bate signed 10/16/4



WITH UNFADING INK. Supply every item of information carefully. The corr important. Physicians: please write the causes of death clearly and legibly.

is especially PLAINLY

WRITE

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

302

	Reg. Dift. No.	
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Maryland Caughy Washington City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Washington county Hospital	Street No. 320 Linganore Avenue (If rural, give LOCATION)	
How long in hospital or institution? Ten days	2.(a) If veteran, name war	
3. (a) FULL NAME Mary S. Gossard	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH 2 0 1 19 4 7 21 / 0:15 Am	
6.(b) Name of husband or wite. James E. Gossard, Sr. 6.(c) It alive, give age. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47., to 2 19. 47. and that I last saw h	
deceased (mo., day, yr.) March 21, 1867	Immediate cause of death	
8. AGE: Years Months Days It less than one day 8. D 6 11	Coronog erchui 10 das.	
9. Birthpiace Bakersville Maryland (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Due to	
12. Name Cornelius Ridenour 13. Birthplace Hagerstown, Maryland	Other conditions	
Anna Rebecca Edmond 14. Maiden name. Loudan, Virginia	(Include pregnancy within 3 months of death) Major findings of operations.	
El 15. Birthplace	Date of op.	
16. Informant Mrs. R. J. Clingan	Autopsy results	
Address Hagerstown, Maryland Burial Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery	Whera did Injury occur?	
Hagerstown, Maryland	(City or town) (County) (State)	
C. M. Suter & Sons	Meane of Injury Injured at work?	
18. Funeral director Hagerstown, Maryland		
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	23. SIGNATURE CANADA Address Address Date signed S. A. J. 7.	

MARTAGE SATIONARY WITH DESIGNATION OF TENTS

OCT 6 1947

BUREALS

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

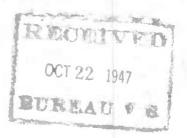
WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

How long in about Hospital, institu	(If outside place of dition, or street shing	ashingt agerato de city or town lin eath? et address where or erton Co	wn nita, write R leath occurred unty	URAL and give nearest town) Hospital ed dead on arr	City or town Rural Street No.	County Washing Sharpsburg Sown limits, write RURAL and give no	earest town)
3. (a) FULL			Gret		The second secon	3. (b) Social Security	
		Arek	Gret	ZUK			1 1
4. Sex Male	5.	Color or race White	6.(a)Single	e, married, widowed, or divorced Single		t/17	10:30P
6.(b) Name of h	usband or w	îfe			21. I CERTIFY that death occurred on t	the date above stated; that I attended dac	eased from
7. Birth date of				e) If alive, give ageyears			10
7. Birth date of deceased (mo			189	/	Immediate cause of death		DURATION
8. AGE:	Years	Months	Days	if less than one day	immediate cause of death	***************************************	DUNATIDA
STACE OF	56			hrs min.	Multiple	open fra ct ures	***************************************
10. Usual occu	pation	abor		state)	Due to open fra		
Appear of the latest and the latest		tarne			tibia & fibula		***
12. Name.		UNK	M.W.A.	y	Other conditions		***************************************
13. Birthplace UNKNOWN 15. Birthplace					(Include pregnancy		
16. Informant Mrs. Minnie Tucker Address Antietam Furnace, Maryland				Autopsy results	cause to which death should he charge	d statistically.	
17	uria mation, or crematory Kee	l removal Which?) Fairvie lysvill R. I. E lysvill	Dale ther W. Cem e. Ma a.rnsh e. Ma	etery ryland	Whera did injury occur? Shand (City Injured at home, farm, industry, public Means of Injury Struck b	c place (where?) C place (where?)	Ct/17/47 Vash. (State) RFD 1 NO DICAL EXAM. CO., MD.



SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09403

1. PLACE OF DEATH: A.	(For newborn infants give residence of mother)
County Uras lungton	No. 0 0
City or town	
How long in above place of death?	City or town
How long in 200ve place of bearing. Hospital, institution, or street address where death occurred:	
Wash. Co. Hospital	Street No
How long in hospital or institution? 4 Acad	2.(a) veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
Dorlene Welores	Ireflithe home.
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Single	20. DATE OF DEATH 6.00 1947, 21. 8.30 T M
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
U U	6 4. 6 19 47 10 Oct 6 19 4/
7. Birth date of A A Sirth date of A A Sirth date of A A A Sirth date of A A A A A A A A A A A A A A A A A A	and that I last saw her alive on alive on 6
deceased (mo., day, yr.) School - 6 - 1947	Immediate cause of death
8. AGE: Years Months Days II Jess than one day	c of
	Alelalasis of lungs,
9. Birthplace Mear Bourstons Wash. Co. md.	Due Io.
9. Birthplace (Town, county, and atate)	
10. Usual occupation	Due 10.
11. Industry or business	
E 12. Name Olbert 3. Sriftch	Dther conditions
12. Name Olbert J. Sriftsh. Co. md.	
	(Include pregnancy within 3 months of death)
14. Malden name fucille for netty: 15. Birthplace near Bornstons Vash. Co. md	Majar findings af operations
200-4- 3 92:11-0	
16. Informant Colonia	Autopsy results
Address Soonsing Ma.	22. VIOLENCE: Il death was due to external causes, Illi in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Date thereol	
Cemetery or crematory	Where did injury occur?
Location Booushis md.	Injured at home, farm, industry, public place (where?)
firm I Partus	Means of injury / injured at work?
18. Funeral director	11/ 41/2 Que 10
Address Soonahus Md.	23. SIGNATURE V. W. WWW M. W.
Det.7. 47 Chaptelowers	M, D, or other
(Date rec'd by registrar) Registrar	Address Boonsloves - Date signed 6/7/47



Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The can be expecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

CERTIFICAT	TE OF DEATH
PLACE OF DEATH: Ounty	2. USUAL RESIDENCE (For newborn infants) State
. (a) FULL NAME	7
PAUL APPLEMAN G	-ROSSNICKL
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE MARRIED	2D. DATE DF DEATH.
(6) Name of husband or wite JANE ELENORY STERLING	
Birth date of deceased (mo., day, yr.) SEPT. 17, 1906	and that I last saw h
B. AGE: Years Months Days It less than one day	Immediate cause of death
41 0 20 hrs. min.	ć.
Birthpiace MYERSVILLE FRESERICK MD. (Town, county, and state)	Due to a cute c
10. Usual occupation. FIREMAN	Due to
11. Industry or business KAIL ROAD	- Committee of the comm
12. Name OHN M. GROSSNICKLE 13. Birthplace MYERSVILLE, MD.	Dther conditions
14. Maiden name STELLA HARP	(Include pro
15. Birthplace MYERSUILLE, MD.	
16. Informant Mass Staul Mossmelble	PHYSICIAN: Please underli
Address Processing Mile Eping	22. VIOLENCE: if death was
17 Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide Where did Injury occur?
Cemetery or cremetery.	
Location WILLIAMS FORT MD	Injured at home, farm, Indust Meens of injury
18. Funeral director W. Marmant,	11/
Address Hagerstown, Md.	23. SIGNATURE
12 . T. 117 / // T. 1 A Lla/2 1/10	V . 111

(For newborn infants give residence of mother)	
State MARYLAND COUNTY WASHING	-TON
City or town. HALTWAY HACERS TAW. (If outside city or town limits, write RURAL and give near	N Mo.
	ENDED
Street No. (If rural, give LOCATION)	
NOAL- VET	
2.(a) if veteran, name war	
3. (b) Social Security N	lumber
ROSSNICKLE 577-09-2	2530
MEDICAL CERTIFICATION	2
20. DATE OF DEATH Oct. 7 19.42.7.	11:45
21. I CERTIFY that death occurred on the date above stated: that I attended decease	
	19
and that last saw halive on	19
Immediate cause of death	OURATION
,	
Ć.	*****
Due to a cute coronary occlusion	*************************
Due to	41,
Dther conditions	***********************
(Include pregnancy within 3 months of death)	
Major findings of operations.	
Date of op.	
Antopsy results	statistically.
22. VIOLENCE: if death was due to external causes, fill in the following:	
Accident, suicide, or homicide	***************************************
(City of town)	(State)
Injured at home, farm, Industry, public place (where?)	
Meens of injury Injured at work?	THE SYAM
	CO., MD.
73. MINNAMENTAL MARKET AND ASSESSMENT OF THE PARTY OF THE	



MARGIN RESERVED

PLEASE

A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6
1
/

09405

T)	Disc	

Oct 20, 19

CERTIFICA	TE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (b) Social Security Number		
Martin Harry Gruber	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION October 19 47 47 9 P		
6.(b) Name of husband or wite Lillian Gruber 6.(c) If alive, give age 81 yea 7. Birth date of deceased (mo., day, yr.) July 11, 1864	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years Months Days If less than one day 83 8hrsmir	45 min		
g. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation Retired Paper Hanger 11. Industry or business	Oue to Cerebral Arteriosclerosis indefini Due to		
12. Name M. Martin Gruber 13. Birthplace Hagerstown, Maryland	- Diher conditions		
E 14. Maiden name Ann Lavely	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment Mrs. Lillian Zeigler	Autopsy results		
Address Hagerstown, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Hagerstown, Maryland 18. Funeral director. C. M. Suter & Sons	Injured at home, farm, Industry, public place (where?) Msans of Injury Injured at work?		
Address Hagerstown, Maryland 19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registra	23. SIGNATURE M. D. or other Address 148 W. Washington Street Oct 20, 1		

MARYLAND STATE DEPARTMENT OF HEAD

	FRAUTIENSS
IL PLACE OF DEATH	
	TWO IS ARREST DEVICE TO STATE OF
Thousand the same of the same	
A. C. C.	and the second second
47-00-07	RECENT
20 Roll	OCT 24
1 1947	OCT 24
A STATE OF THE STA	
A Commercial Commercia	and the
the state of the s	135 AV
2 (m) (3) (m) (3) (3)	A 1000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

errect age

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 303

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Washington Washington	Washington
City or town. Clears pring RURAL (If outside city or town limits, write RURAL and give nearest town)	State Wary 18110 County Washing DID AT
(If outside city or town limits, write RURAL and give nearest town)	City or town Clearspring RURAL
low long in above place of dealh? Lifetime	(If outside eity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Clearspring R.F.D. #1	Street No. Clearspring R.F.D.#1
Clearspring R.F.D. #1	(If rural, give LOCATION)
fow long in hospital or institution?	2.(2) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Minnie Hawbaker Guessford	NONE
	MEDICAL CERTIFICATION
7, 00	
Female White Married	20. DATE OF DEATH. 10/10/47 19 at 71/2
6.(b) Name of husband or wife Martin F. Guessford	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
6.(b) Name of husband or wife	10/10/46 18 10/10/4718
7. Birth date of	and that I last saw it. The work of the same of the sa
	Immediate cause of death DURAT
o. AGE:	Drough The sever De
75 9 13hrsmin.	
Near Clearspring Wash . Maryland	Due to.
B. Birthplace Near Clearspring, Wash., Maryland (Town, county, and state)	
10, Usual occupation Housewife	
At home	Due to
11. Industry or business	
Daniel Hawbaker 13. Birthplace Near Greencastle, Penna.	Other conditions
13. Birthplace Near Greencastle, Penna.	(Include pregnancy within 3 months of death)
14. Malden name Susan Socks 15. Birthplace Near Greencastle, Penna.	Major findings of operations.
	Date of op
18 Informant Mrs. Helen Reid	Autopsy results
Clearspring, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audress	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?) Date thereof Oct. 13, 1947 (month) (day) (year)	Accident, auloide, or homicide
Cemetery or crematory Broadfording Cemetery	Where did injury occur?
Location Broadfording , Maryland	Injured at home, farm, industry, public place (where?)
Location	Means of injury / Injured at work?
18. Funeral director. Edith V. Leaf	A
Wiill tomanont Mary 1900	War Out - / many or
	23. SIGNATURE M. D. oxfother
Schole 13,947 Japle W. Munc	41
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Wadres V. aules has we bate signed D. 1/1



MARYLAND STATE DEPARTMENT OF HEALTH α

-		A A A A A			
1	N.	Chartes	St.,	Baltimore	46.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MARYLAND COUNTY WASHINGTON
(If outside city or town limits, write RURAL and give nearest town)	Diani Hacrostanlei
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death uccurred:	Street No. HAGERSTOWN KOUTE #2
WASHINGTON COUNTY HOSPITAL	(If rural, give LOCATION) 2 (n) If veteran name war
How long in hospital or institution? 5 DAYS	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MARLAN / HOMAS	HARR 214-09-0392
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	2D. DATE DF DEATH GOTTU JI 1941 31 P. M.
8.(b) Name of husband or wife KATIE V. KREGELO	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	10 to 00000 21 10 11
7. Birth date of	and that fast saw h. ANN alive on OWN 1
deceased (mo., day, yr.) DEPTEMBER 3, 1076	Immediate cause of death
8. AGE: Years Months Days If less than one day	
5/ //hrsmin.	Laranoma 1- lage
9. Birthplace ANOX (Town, edunty, and state)	one intestine (Signolia flexure) I year
18. Usual occupation WOOD WORKER	Oue to
11. Industry or business FURNITURE FACTORY	
I 12 Name GEORGE W. HARR	Other conditions Deliverdry Minute 10 minutes
12. Name GEORGE W. HARR 13. Birthplace PENNSYLVANIA	Wimminge
	(Include pregnancy within 3 months of death)
14. Maiden name CARRIE E MELLOTT 15. Birthplace HANCOCK, MARYLAND.	Major findings of operations. Date of op. 12 partic 1946
16. Interment Thomas m. Harr (Son)	Aptopsy results - Notice
Address 833 maryland aver.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
B. 1 (2/21/1/2	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (sear)	Accident, suicide, or homicide
Cemetery or commeters. Rest, Haven	Where did injury occur?
Location Hagerstawn, Mid.	Injured at home, farm, industry, public place (where?)
Was Hard To Marin -	Moens of Injury Injured at work?
11 7 Zul	ABN mark t Mrs
Address Hagerstonen 110	/23. SIGNATURE M. D. or other
19. Det. 12.194/ Stast 120weed	Harry my (Mr. 10/22/4)
(Date rec'd by registrar) Registrar	Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

WRITE PLAINLY

PLEASE

VS A15

2411 N. Charles St., Baltimore

09498

			CERTIFICA	ATE OF DEATH	Reg. Dist. No	362_
How long in hospital o	gerstown outside city or town outside city or town e of death? L1: r street address where ton Count or institution?	imits, write fe death occurre ty Hos	TIAND RURAL and give nearest town) ed: Ppital	Street No. 411 Jeffers	County Washingt	On arest town)
3. (a) FULL NAM		nce E.	Hartman		3. (b) Social Security	Number
4. Sex Female	5. Color or race	6.(a)Sing	rle, married, widowed, or divorced	2D. DATE OF DEATH		2154
7. Birth date of deceased (mo., day, 8. AGE: Year 67. 9. Birthplace	yr.) Octobe Months O Agerstown Housewoods Charles Hagersto Elizab	par 21, pays 9 1. Was 1. county and ork H. Me wn, Me eth L town, rtman	tzer aryland uft Maryland		puting in pugia. puting in puting in smooths of death) Date of op. to which death should be charged at causes, fill in the following:	DURATION JO WAN 5 M/U-
Cemetery or cremat	Rest Fagerstov	Haven vn, Ma Suter	Cemetery	Where did Injury occur?	own) (County)	M1 30 U

PLEASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or fown	City or town(Loutside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Booustono Md. R.2.
Dooustro Md. L	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	(lone.
-) lucle White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH OF LAND - 21 - 19.47 at 4.30 P.
6.(b) Name of husband or wife Conting & Doubt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.00.00.00.00.00.00.00.00.00.00.00.00.00
7. Birth date ofyears	and that I last saw her alive on order 21 19 47
8. AGE: Years Months Days If less than one day	Immediate cause of death Cerebral Harmonkage OURATION
77 5 15min.	
9. Birthplace (Que County, and state)	Que to
1D. Usual occupation.	Que to
11. Industry or business Oliva House	
E 12. Name Leurs Jones	Other conditions
Z 13. Birthplace wash, Co. md	(Include pregnancy within 3 months of death)
14. Maiden name Mary Coffman 15. Birthplace Wash, Co. Md.	Major findings of operations
\$ 15. Birthplace Wash, Co. Md.	
16, Interment Carwine &. Hout.	Antopsy results
Address Brownstown Md. R. 2.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or personal, Which?) Date thereof. Od., 24-1947. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	Where did Injury occur?
Duranto a md.	Injured at home, farm, industry, public place (where?)
Location Control Control	Means of Injury / Injured at work?
18. Funeral director	GIIHARA SUN
Address Soonstruo M.	23. SIGNATURE WWW M. W.
19. Oate red by registrar 19 47 John W. Bask Registrar	Address Bevislow Date signed 123/4]

RECEIVED

OCT 27 1947

BUREAUS

PLEASE WRITE PLAINLY

A15

SA

or ect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

age Im MJ Date signed 10/10/47

		CERTIFICA	IE OF DEATH	Reg. Diat. No	302
City or lown(If How long in above pia Hospital, institution, of Guilfo: How long in hospital	Washing Hagerst Coutside city or town lie ce of death? Si or street address where d rd Avenue or Institution?	ton Win its, write RURAL and give nearest town) years eath occurred: Nursing Hone 6 days	State Maryland City or town Ha (If outside city Street No. 546 G	considered of mother) County Washing gerstown or town limits, write RURAL and give eorge St. (If rural, give LOCATION)	
3. (a) FULL NAM		ler B. Huyett		3. (b) Social Secur 217-10-2	
Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEI 20. DATE DF DEATH	JE S 19 4	7 4 64
7. Birth date of deceased (mo., day, 8. AGE: Yea 5.	yn) April rs Months 1 5 Ashington	e M. Huyett 6.(c) If alive, give age yea 21, 1896 Days If less than one day 17 hrs. mir Co.a. Maryland ounty, and state)	and that I last saw h		19 577 19 5.7
10. Usual occupation	Employee	D. A. Stickell & s	ons Due to		
12. Name		wn	Dther conditions		
14. Malden name	Unkno	wn		ney within 3 months of death) Daie of OD.	
16. Informant		e M. Huyett St. Hagerstown, Md	Actopsy resolts	he cause to which death should be char	
17. Bt (Burial, crematio Cemetery or crema Location	rial n, or removal, Which?) tory	Date thereof Oct. 11, 19. e Hill Cemetery n, Md. Kraiss	22. VIOLENCE: If death was due 7 Accident, suicide, or homicide Where did injury occur?	Date of	(State)
Address	Hagerstow	n. Md.	1) 19/	1. 4 8	11.

Oct. 14- 18 47 Present Sowers
(Date rec'd by registrar)
(Date rec'd by registrar)
Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH Pagh.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside pity or to the limits, write 19 RAL and give necrest town)	State County County County City or tewn (If outside city or town limits write RUIAL and give nearlyst town)
How long in above place of death?	Sirect No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Sidney ann Ivin	3. (b) Social Security Number
4. Sex 1 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. OCT 4. 19.4.7. at 9.9.4.1
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of deceased (mo., day, yr.) April 4, 1864	and that I last saw harmanily on 19.44. Immediate expres of death
8. AGE: Years Months Days If less than one day	Cerebral Hemorrhage 6 mo.
9. Birthplace. This Tenna . (Town, county, and state)	Due to arterio Lelevosio 5 yrs.
10. Usual occupation	Due to
11. Industry or business 12. Name	Other conditions
14. Maiden name Mary Mr. Oursey 15. Birthplace Alla & a.	(Include pregnency within 8 months of death) Major findings of operations.
18. Informant Chaus Australia	Autopsy results
Address Charles Dig Justin 17 Beile 6-1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or repoval. Which?) Cemetery or crematory	Where did injury occur?
Location 7	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Deto fee 19 47 Opellew Music	23. SIGNATURE DEVELOP M. D. or other
(Date rec'd hy registrar) Registrar	Address Clear Spring Md. Date signed 10/5/47

OCT 8 1947

. _ . _ .

Munay

CERTIFICATE OF DEATH

CERTIFICAL.	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (11 outside city or town limits, write RURAL and give nearest town) How long in above piace of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Bookshaa md. R. 2. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Draublin Snith Strue	212-24-2961
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH & JOher 17 147 17:30 7. N
6.(6) Name of husband or wife Many - Stuye	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 3 Rounary - 24 - 18/3 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
74 7 23hrsmin.	New Uses
9. Birthplace Boomson Wash Co. md-	Due Io.
10. Usual occupation	
1	Due to
11. Industry or business	
E 12. Name Flus Thurse Wash. Co. md.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Smith Co. md	Major fiodings of operations
2 15. Birthplace Boundhes Wash, Co. md.	Date of op.
18 Informant Mrs. Winton Knode	Aotopsy resolts
	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address 15 0 0 0 000 000	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date [hereof] 94. [947]. (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 3 oonulus Cenatary	Where did Injury occur?
Completely of Crematory Cond.	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director CDM of O Dast doors	Matter of tiller)
Address Boonsling md.	123. SIGNATURE Sharry howerseles mo-
19. (Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address whotown nd Date signed 10-17-47

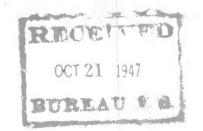
ARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

Dr. Hovenstein

WRITE PLAINLY, WITH ENF is especially important.

PLEASE



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

LAL	IH.	
	460	11
	760	141
	V	

09413 302 Reg. Dist. No.

1. PLACE OF DEATH: Washington County Hagers town City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 22 years Hospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 21 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Hagers town (if outside city or town limits, write RURAL and give nearest town Street No. 141 West Washington St. (If rural, give LOCATION) 2.(a) If veteran, name war	rn)
3. (a) FULL NAME	3. (b) Social Security Number	r
Joseph Howard Ityner	214-09-4089	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	2D. DATE OF DEATH October 7 47 2:	55a
8.(6) Name of husband or wife Sue Ityner 6.(c) If alive, give age 60 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5.5 cpt 19.47, 10.7 Def and that I last saw hat M. alive on 6 Def	1
7. Birth date of deceased (mo., day, yr.) March 27, 1880		URATION
8. AGE: Years Months Days If less than one day 67 6 10	Table Color of Color	- Jenony
s. Birthplace Smithsburg Washington Md. Ste vard	Due to	
Algotic Club Inc	Due to	
11. Industry or dusiness		
12. Name Old Forge Md.	Other conditions	
14. Maiden name Jenny Bearings	(Include pregnancy within 8 months of death) Major findings of operations. GastrostoMil. Date of op. / Oct 4	67
16. Informant Mrs Sue Ityner	Autopsy results	
Address Hagerstown Md.		
Burial (Burlal, cremation, or removal, Which?) Date thereof 10-9-47 (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Smithsburg Cemetery Smithsburg Md.	Where did injury occur?)
Location	Means of Injury Injured at work?	
18. Funeral director Scott F, Minnich & Son Address Hagerstown Md.	7 4 Lushin	
octa 117 Lasthlanie	M. D. or other	
19. (Date rec'd by registrar) Registrar	Address 230 No Comar Date signed 7 Oct	147



WARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09414

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town)		
City or town. Harers town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? Nospital, institution, or street address where death occurred: 31 Wayside Ave.	Street No. 31 Wayside Ave. (If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) It veteran, name war. None		
3.(a) FULL NAME JOHN KEAGY JACOBS	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH October 27, 19 47 at 5 A		
8.(b) Name of husband or wife Susannah	25-1 CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Sirth date of deceased (mo., day, yr.) September 6, 1872	and that I lasI saw h		
8. AGE: Years Months Days It less than one day 21	Broscho Jollimonia 10-16-4		
9. Birthplace	Due to Cardio-Nouth Parline 10-22-9		
11. Industry or business Retired	Due 103		
12. Name Dr. Henry Jacobs 13. Sirthplace Chambersburg Pa.	Other conditions		
14. Maiden name Susanna Keagy 15. 6irthplace Chambersburg Pa. 16. Interment Elverda Jacobs	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Elverda Jacobs Address Hagerstown Md.	Autopsy results. Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof 10/29/47. (Burial, cremation, or removal, Which?) Cemetery or crematory. Long Meadows Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)		
Location Near Paramount Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	, ly House gener.		
19. Oct. 29. 1947 Blast Bower Registrar) (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Address Date Signed 0-27-4		

OCT 31 1947

四下 \$0 % A

2411 N. Charles St., Baltimore

09415

			CERTIFICAT	IE OF DEATH Reg. Diat. No.	∠ >
n as 1 ad 45 fb	rstown ide eity or town ideath?	Md . imits, write F		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Williamsport, Md. RFD (If outside city or fown limits, write RURAL and give neerest to Street No. Williamsport, Md RFD #/ (If rural, give LOCATION) 2.(a) If veteran, name war.	own)
3. (a) FULL NAME				3.(b) Social Security Numb	er
Mr. Elv	in Roy	Kend]	Le	none	
4. Sex 5	. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH	30 P
B.(b) Name of husband or of the state of deceased (mo., day, yr.)		6.(Sprecker Kendle (b) If alive, give age 58 years 989 1888		
8. AGE: Years	Months	Days	If less than one day	Corouari Callerion F	DATI
59	9	4	hrsmin.		E
11, Industry or business	Farme: Farm Rend	county, and	state)	Due to	
				(Include pregnancy within 3 months of death)	
T T	ownsvi.	lle Md	•	Major findings of operations.	
16. InformantJohn Address Willi	Kendl	3		Antopsy results	
17. Burial Date thereof Oct. 16 1947 (month) (day) (year)			eof Oct 16 1947.	Accident, suicide, or homicide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cemetery or crematory Rosehill Cemetery				Where did injury occur?	te)
Location Hage	rstown	Maryl	and	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	dith V. urch St	Leaf	liamsport, Md.	Maens of Injury Injured at work? 23. SIGNATURE A Delice	
19. Oct. (Date rec'd by regist	19.4.7	file	ASSITTATION Registrar	M. D. froth	15/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



1 79

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

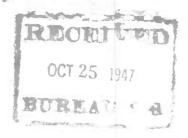
CERTIFICATE OF DEATH

09416

Reg. Dist. No. 302

2411 N. Char	rles St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County	Street No. 1000 Georgia Avenue (If rurn), give LOCATION)
3.(a) FULL NAME Harvey Richard Kridl	2 (b) C - 1 C - 1 N - 1
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH Cotober 20, 194% 5:30 P
6.(6) Name of husband or wite Elda T. Kridler 6.(c) It allve, give age year 7. Birth date of June 30, 1886	
deceased (mo., day, yr.)	Dilateral Pulminary tuberastosu net law
9. Birthplace Hagerstown - Wash Co. Md. (Town, county, and state) 10. Usual occupation. Doorman 11. Industry or business Moose Club 12. Name Harvey R. Kridler 13. Birthplace Hagerstown, Md.	Due to
Hagerstown, Md. 16. Interment Mrs. Elda T. Kridler	Actorsy results
Address 1000 Georgia Ave Hagerstown, In Burial Burial Date thereof Oct. 23, 194 (Burial, cremation, or removal. Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md. 18. Funeral director Fred W. Kraiss	Where did injury occur?
Address Hagerstown, Md. 19. Det. 23, 1947 Chathlowerd, (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other

MARGIN RESERVED FOR BINDING



The correct age

MARGIN RESERVED FOR BINDING

A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19517 Reg. Dist. No. 3.03

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn intents give residence of mother)
City or town Clear Shring PN	State
City or town	City or town. Freewastle
low long in above place of death?	(If outside city or town limits, write RURAL and give n arey) town)
tospital justilution or sized address where death occurred:	Sireel No. 103 W. Transler
	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) It veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
RHODA MAY	BRINER Name
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of White married	20. DATE OF DEATH. OCT 3/ 1347, at 5/, M
3.(6) Name of husband or life harles 12, Bruner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
65	9/1 1935 10 10/3/ 194/
8. (c) It alive, give age years	and that I last saw h &
deceased (mo., day, yr.)	Immediate cause of death
B. AGE: Years Months Days If less than one day	Bronchiectesis 5/15.
59 8 14min.	
Magazine B	B - 1-
(Town, county, and state)	. Due to
B. Usual occupation. House whe	
-11	Due to
1. Industry or business	
12. Name Jahn Walled	Dither conditions
13. Birtholace James te	Tollace - Taxie my ocardelis
Susau Cordoll	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
El 15. Birthplace	Dale of op
18. Informant Chas ol. Trener	Autopsy results
Mars agath	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tallette /4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Ruelal growation or removal Which?) Bate thereof	Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) (month) (dyy) (year)	
Cemelery or crematory	Where did injury occur?
Location near Freezeastlet	Injured at home, farm, Industry, public place (where?)
(e) & Minniel	Meens of Injury Injured al work?
18. Funeral director	0.00
Address teen castle la	110500 3 10.1)
3. 0 4. 50 IA	23. SIGNATURE
(Date rec'd by registrar)	Address The Roll on Date signed H. J. J. 4.7
(Date fee d by registrar)	THE ADDRESS OF THE PARTY OF THE



WRITE PLAINLY

PLEASE

The correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

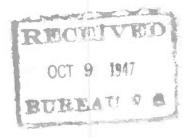
09417

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

			-3	(2)	5-
Reg.	Dist.	No.	-		-

County	Washing	ton	***************************************	(For newborn infants give		
City or town(If o	lagers to	wn limits, write I yrs 8	RURAL and give nearest town) MO. 6 da	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 315 Memorial Blvd.		
Hospital, Institution, or	street address where	death occurre	pital			
How tong in hospital or	Institution?	l day	······································			
3. (a) FULL NAMI	2	J	oseph Edgar Kr	ouse	3. (b) Social Security None	Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorced ingle		t. 4, 1947 13:00	at A. M. M
6.(b) Name of husband 7. Birth date of	Janı	6.(c) If allve, gire ageyears 8, 1942	and that I last saw h alire	on the date abore stated; that I attended dece-	4 19.47
8. AGE: Years	1.7	Days 6	It less than one dayhrsmin.	Immediate cause of death	to acute anderior	DURATION
9. Birthplace Hagerstown, Wash, Md. (Town, county, and state) 10. Usual occupation School Student 11. Industry or business				Ø ν€ 10		
13. Birthplace W			e nty, Md.	Diher conditions		,
14. Malden name			ltz ounty, Md.	Major findings of operations. Dates of op. Autopsy results. Dates of op.		
			Krouse d.,Hagerstown,			
Cemetery or cremato	gerstown	Hiii	cof Oct. 7, 1947 (month) (day) (year) Cemetery	Accident, suicide, or homicide Where did injury occur?	to external causes, fill in the following: Date of City or town) (County) ublic place (where?)	(State)
1B. Funeral director	Fred W.			Means of Injury 23. SIGNATURE.	injured at work?	an MD
19. (Date rec'd by re	7, 19 4 7	1 les	Registrar	Address Id a se	is lawled M. D. o	10/6/41



VS A15

ct age

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93&

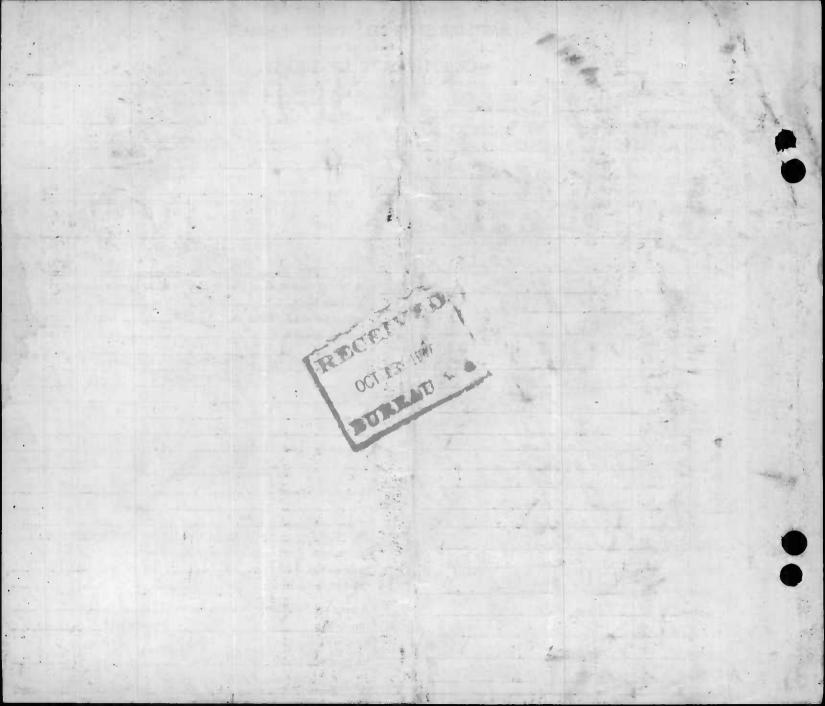
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

No Reg. Dist. No. 3

02.

1. PLACE OF DEATH County. City or town. A County or town limits, while RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
James Edward Sloud	3. (b) Social Security Number
4. Sey 5. Color or race 6.(a) Single, married, widowed, or deforced	MEDICAL CERTIFICATION
wall white widowed	20. DATE OF DEATH ON 9 1947 , 21 8:454. M
6.(0) Name of husband or wise hors Pitanagle	21. I CERTIFY that death occurred on the date above stated: that I attended decased from
T. Birth date of Section 15 Control of the s	and that I last saw halfelive on Delas By
deceased (mo., day, yr.) June 18 - 18 66 8. AGE: Years Mooths Days If less than one day	Immediate cause of death
8/ 3 2/ min.	Condes loscular
College Caroli Ira.	Bue to Distage 2400 f
9. Birthplace (Town, county, and state)	000 10
1D. Usual occupation.	Due to
11. Industry or business	
E 12. Hamen augerfield floyd 13. Birthplace Colferson Co W Va	Dther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Edisabeth Flening 15. Birthplace of ferson Co	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Information Language March	Antopsy results. Antopsy results. PAYSICIAN: Please underline the cause to which death should be charged statistically.
Addres 18 8 aulietan Hagerelow m	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereo (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or cometory Rasedala	Where did injury occur? (City or own) (County) (State)
Location martinslung W Va	Injured at home, farm, industry, public place (where?)
18. Funeral director, acaderes K. Coffeen	Means of injury Injured at work?
Address Hagerstown (thech	111. House Flenses
act 9 47 blackblowers.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Agender Mill Date signed 0-9-4



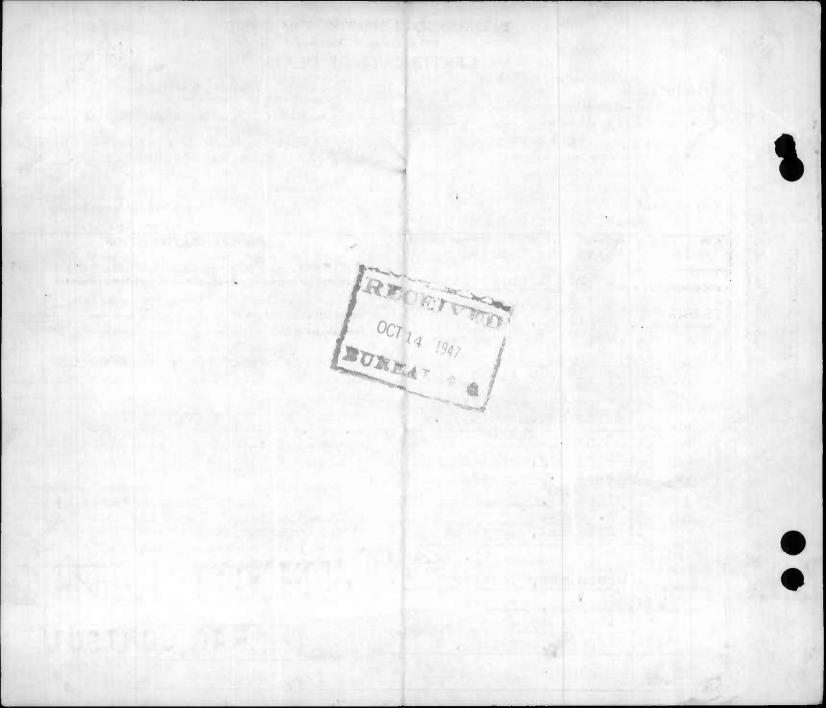
2411 N. Charles St., Baltimore

11941:)

CERTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF D			2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:	
City or town		t. nits, write RURAL and give nearest town) Years	State Maryland County Washington City or town Williamsport (If outside city or town limits, write RURAL and give nearest town) Street No. 119 North Conococheague St. (If rural, give LOCATION)		
How long in hospital	or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAI		nes Lowman		3. (b) Social Security Number 215-01-9873	
4. Sex Male	5. Color or race White	8.(a) Single, married, widowed, or divorced Married		CERTIFICATION	
6,(b) Name of husbar		Ellen Lowman		te above etated; that I attended deceased from	
7. Birth date of deceased (mo., da) 8. AGE: Yes	(,yr.) April are Months		re l		
B. Birthplace	Sheet Met Victor E ranklin L. Leitersbu	rg.Maryland	Due to	my declared	
15. Birthplace	Whitehal	. McCauley .1, Maryland man ort, Maryland	Major findings of operations	to which death should be charged statistically.	
Burial (Burial, crematic		wn, Cemetery	Where did injury occur?(City or to	O Date of	
1B. Funeral director.	Edith V.	Leaf , Maryland.	Meene of injury 23, Significant Robert M	tnjured at work? DEPUTY MEDICAL EXAM. WASM. CO., MD.	
19. Oct -/	registrar)	Mrs. E. Jee M. Elso Registy	Address Har enter	ion hed Date sign Oct 9-47	

VS A15



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

d 094

CERTIFICATE OF DEATH

r. Dist. No. 302

					Reg. Dist. No		
1. PLACE OF DEA	Washin	gton		2. USUAL RESIDENCE (HOME) Of (For newhorn infants give residence of			
City or town				State Maryland comply Washington City or town Hagerstown			
Hospital, institution, or	street address where	death occurre	rs d: e.t	City or town (If outside city or town limits 9 W. Franklin		arest town)	
How long in hospital or				2.(a) If veteran, name war			
3. (a) FULL NAME		Carr	ie E. Lynch		3. (b) Social Security None	Number	
4. Sex Female	5. Color or race White		le, married, widowed, or divorced Widow		ERTIFICATION 5, 1947 1, 2:	0,0 A. M	
			ynch	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dece	ased from	
7. Birth date of deceased (mo., day, y	o Septe	ember	c) If alive, give ageyears 29,1867	and that I last saw halive on			
8. AGE: Years	Months	Days 6	It less than one dayhrs min.	Vascular hyperte	ension	9yr	
9. Birthplace W. Va. (Town, county, end state) Home Duties				Oue to chr. myocarditis 5			
10. Usual occupation	······································			Due to acute ventricu	lar fibrill	tion	
13. Birthplace	Unknown			Other conditions (Include pregnancy within 3 m			
14. Maiden name 15. Birthplace	Unknown			Major findings of operations			
16. Informant Mr	s. R. C. Mulberry	Arns Ave•	parger - Hagerstown, M	Aotopsy results			
Bur (Burial, cremation,	ial	Date the	cot Oct 8, 1947 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of		
Cemetery or cremator	Boo		o . Md.	Where did Injury occur?			
			raiss	Msans of Injury	Injured at work?	MEDICAL EXAM	
Address			n, Md.	23. SIGNATURE Schooler 4	Illo WASI	1. CO., MD.	
19. Oct.	8 194/	<u> </u>	Mas A BANEWS Registrar	Address Nagar Town	M. D. Date signed	10/6/4	



PLEASE

2411 N. Charles St., Baltimore

1. PLACE	OF DEATH				2. USUAL RESIDENCE (HOME) OF	DECEASED:
County	*****************	hingtor	CORP DO LONDON OF MARCHINE.	W		
City or town	fig.	gerstov	M	URAL and give nearest town)	State Md Cour	17 211.
n to the state of	(If outsic	e city or town in	2 vear	s 6 months	City or town Hagerstown (If outside city or town limits	write RURAL and give nearest town)
How long in a	litution, or stree	et address where	death occurred	:		
V	Vashin,	gton Co	Hon	1e	Street No. (If rurai, give	
How long in	hospital or inst	itution? 2	years	6 months	2.(a) If veteran, name war	
3. (a) FUI						3. (b) Social Security Number
3. (4) 101		职生生	ta McC	urdv		⇒ (o) because the second of t
4. Sex	1.5	Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION -
			77.	idowed		
fems	ате	white	1,3	Laonea	20. DATE OF DEATH. OCTOBER	8, 19 47 a 6:00 p
0 (b) N	at bunkand or w	charl	es Me	Curdy	21. I CERTIFY that death occurred on the date about	
6.(0) Name 0	Thuspand of w	116	1n		Sept 1	47 10 Oct 8 19 194
7. Birth date	of	Manal		c) If alive, give ageyear	and that I last saw h. Aalive on	Oct 3 = 19 48
deceased	(mo., day, yr.)	MATCI	1 10,	1004	Immediate cause of death	OURATION
8. AGE:	Yeare	Months	Days	if less than one day		
	83	6	23	hre. min	mittal de	مرد و مصر
9 Richalae	. McCo	nnells	burg.	FultonCo. Pa	Due la Chaterin Sele	mis:
a' Burnhiae.	C	(Town,	county, and	ntate)	Utasiting	(1
10. Usual oc	ccupation		***************************************		Due to Charling Int	institute !!
11. industry	or business				nealitie	
₩ 12 Nor	Joh	n Sude:	r		Diber conditions	
I FI		rankli:				
					(Include pregnancy within 8 n	nonths of death)
王 14. Mai	den name	Unknow	<u> </u>	***************************************	Major findings of operations	
MOZHER 14. Mai 15. Birt	hplace					
16. Informan	Fre	d Long		00.010.000.000.000.000.000.000.000.000.	Autopsy results	
Address		rstown			PHYSICIAN: Please underline the cause to wh	
				10 0 47	22. VIOLENCE: If death was due fo external cau	
17 (Burial.	cremation, or	removai, Which?	Date Iher	eof 10-9-47 (month) (day) (year)	Accident, suicide, or homicide	Date of
Comptory	or exemplors	Washin	gton	Co. Home	Where did injury occur?(City or town)	(State)
					Injured at home, farm, Industry, public place (wi	
		Hagers			·	Injured at work?
1B. Funerai	director S.C	ott F.	Minn	ich & Son	Meane of injury	
Address		gersto			(20	- It Losto mil
Nuuross .	+ 0		14	a Make mad	23. SIGNATURE	M, D, or other
19.	ec'd by registr	19.47.	PR	Registra	Address Hagenstown	m d Date eigned 1. 0.18/4.
ii (Date r	ec d by registi	at)		TOCKINGTO	- Audicos. S. Auf. Marris Santian Married Transfer Commission Comm	

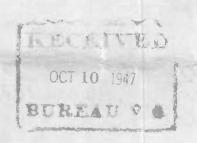


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			35	7
Reg.	Diat.	No.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
County	State Maryland county Washington
City or town	City or town Hagerstown
How long in above place of death?	(If obtained city or town limits, write RURAL and give nearest town)
58 Blooms alley	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
thodaniel M-	Cinney none
4. Sex 5 Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
male Regro Single	20. DATE OF DEATH OCY. 6 19.47,21./23019
6.(b) Name of husband or wife	21. I CERTIFY that death sourced on the date above stated; that aftended deceased from
6 (c) If alive give age years	SC 1967
7. Birth date of (1) - t 1 10 10 12	and that I last saw h.l. Mealive on OCK / 1957
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cycle of death
33, // 16hrsmin.	
9. Birthplace Hagerstown Wask, Md.	Due 10.
11 0 0	
10. Usual occupation Lakaren	Due 10
11. Industry or business	
12. Namo John Mc Kinney 13. Birthplace Liberty Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Pettie Tisher	Major findings of operations
\$ 15. Birthplace Hagerstown, Md.	Date of op
16. Informant Garfield M. & Kinney	Autopsy results
Address 58 Blooms alley	22. VIOLENCE: 11 death was due to external causes, 1111 in the following;
17 Berial Pate Thereof 010 /8/47	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	Whera did injury occur? (City or town) (County) (State)
Cemetery or crematery	(City or town) (County) (State)
Location Table 1	Msans of Injury Injured at work?
18. Funeral director Applications to have the formal of	PH (IA)
Address 29/ freduch it Hagerstown	23 SIGNATURE MURS X-Millerion luf)
Oct. 8. 47 Shait Bower	M. D. or other
(Date rec'd by registrar) Registrar	Address 15 900 Moderney on Dato signed



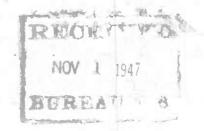
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and l

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Conrad

	Reg. Dist. Now.w.w.		
1. PLACE OF DEATH: County	State MARYLAND County Washington Cily or town. Hagers town (If outside city or town limits, write RURAL and give nearest town)		
3.(a) FULL NAME PAUL VALENTINE MILLER	3. (b) Social Security Number NonE		
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION P 20. DATE OF DEATH OC tobee 27 1947 19 21 9 30		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7. to Oct 2.7. 19.4.7. and that I last saw h. Gaz. alive on Oct 2.7. 18.4.7.		
8. AGE: Years Months Days tf less than one day	Immediate cause of death DURATION 7 his		
S. BirthplaceShenandoah Page Co. Va. (Town, eounty, and atate) 10. Usual occupationCaptain of Guards 11. todustry or business MdState Ref. for Males 12. NamePerry Miller 13. BirthplaceShenandoah Va.	Due to		
14. Malden name Minnie Valentine 15. Sirthplace Shehandoah Va.	(Include pregnancy within 3 months of death) Msjor findings of operations		
18 Informant Mrs. Alice Miller Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide		
Burial Date thereof 10/30/47 (Burial, cremation, or removat. Which?) Cemetery or crematory Rest Haven Cemetery Location Hagerstown Md.			
t8. Funeral director Andrew K. Coffman Address Hagerstown Md. 19. Oct. 30 1947 Slostfffeeter (Date rec'd by registrar) Registrar	Means of Injury tnjured at work? Lower M. D. or other M. D. or other A. T. C. C. C. M. M. D. or other		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09423

2411 N. Char	arlea St., Baltimore
CERTIFICA	TE OF DEATH Reg. Diat. No. 307
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME Charles Mack Mul	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced married married	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 19.5
8. (b) Name of husband or wife	" When e " Up the 4"
8/ 5 22 hrs. min 9. Birthplace (Town county and state)	in. Due fo.
11. Industry or business Farm 12. Name Samuel Myus 13. Birthplace Mary Land	Due to
14. Maiden name Margaret Youy 15. Birthplace Maryland	(Include pregnancy within 8 months of death) Major findings of operations
Address Surpeille Mil. Opt. 7 1616	Antopsy results
(Burial, cremation, or removal, White) Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Car. Jan. 2001	Means of Injury Interpret at work?
19. Oct. 6 - 19 47 Martachenne Degins	M. D. or other ar Address Date signed Ob

JARGIN RESERVED FOR BINDING

VS A15



Well maries

MARGIN RESERVED FOR BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09424

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: county Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
A SAME A WARPARATE DIVINITY TO	State Maryland county Washington		
City or town	Cily or town Keedysville (If outside city or town limits, write RURAL and give nex		
How long in above place of death?	(If outside city or town limits, write RURAL and give near	arest town)	
Hospital, Institution, or street address where death occurred:	Street No.		
Parking lot Summit Ave.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Winton Denver Nalley			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married		:20P	
	ZU. DATE OF CEATH		
6.(6) Name of husband or wife. Otelia Nalley	21. I CERTIFY that death occurred on the date above stated; that I attended dece		
7. Birth date of January 18, 1896			
7. Birth date of deceased (mo., day, yr.) January 18, 1896	and that I last saw halive on		
R AC.F. Years Months Days It less than one day	Immediate cause of death		
51 10 3min.	arterio-sclerotic coronary	2mo	
9. Birthplace Keedysville- Wash. Co., Md.	Oue to heart disease		
1D. Usual occupation	Due to a cute coronary occlusion		
11. Industry or business B. an O. R. R.	ave (0		
買 12 Name Joseph Nalley	Other conditions		
13. Birthplace Tilghmanton, Md.			
W No mat los Di nom	(Include pregnancy within 3 months of death)		
E 14. Malden name Martha Piper	Major findings of operations		
\$ 15. Birthplace Keedysville, Md.	Date of op		
14. Maiden name Martha Piper 15. Birthplace Keedysville, Md. 16. Informant Mrs. Otelia Nalley	Autopsy results		
Address Keedysville, Md.	PHYStCIAN: Please underline the cause to which death should be charged	statistically.	
	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Durial Date thereof Oct 24. 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Lutheran Cemetery	Where did injury occur?	(State)	
Bakersville, Md.	Injured at home, farm, industry, public place (where?)		
Location			
18. Funeral director Russel I. Earnshaw	Means of Injury tnjured at work?	IEDICAL EXA	
Address Keedysville, Md.	M N. Head MODE WASH	CO., MD.	
	23. SIGNATERS M. D.	Omesher.	
19. Oct. 23, 1947 Chasffv2owers (Date rec'd by registrar) Registrar	Address Hagerstown Mo Date of Co	d-21-4	



MARYLAND STATE DEPARTMENT OF HEALTH

157d

Reg. Dist. No. 302

09518 /

CERTIFICATE OF STILLBIRTH Reg. Dist. No...
A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington City or town Lagerstown (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: Washington Co. Hospital Length of mother's stay in County (How many years, or months, or days. SPECIFY WHICH)		State Maryland County Washington City or town Hagerstown (If outside city or town ilmits, write RURAL and give nearest town) Street No. 162Mill St. (If RURAL give LOCATION)
	Name of child Peters	4.	Date of birth Oct. 10 1947 Hour. 3.50A M.
5.	Sex Female 6. Twin or triplet Single	7.	No. of weeks pregnancy
	FATHER OF CHILD		MOTHER OF CHILD
	Full name Theodore Franklin Peters	12.	Full maiden name Frances Lorraine Metz
9.	Color White 10. Age at time of this birth 28 yrs.	13.	ColorWhite 14. Age at time of this birth22yrs.
11.	Usual occupation Painter & Sander -autos	15.	Usual occupation Downsville, Wash. Co. Md.
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now dea	: (a)	How many children of this mother are now living?
	Did child die before labor?Yes. During labor?		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Malformation — hemicaphalus
19.	Labor: (a) Complications of		(b) Maternal causes
20.	(a) Was there an operation for delivery? NO (Yes or No) (State all operations, if any	22.	I certify to the birth of this child who was born dead* on the date and hour above stated. Signature
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address Hagerstown, Md.
23.	(a) Burial (b) Date thereof 10/11/47 (Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory Bakersville Cem.	-	(a) Oct. 11.1947 (b) Clastification (Registrar)
	(a) Funeral director. Andrew K. Coffman	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address Hagerstown Md.		

* See Instruction C on stub.



1 1 2 1 2

1 DIACE OF DEATH.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HOUAL DECIDENCE (LLONGE) OF DECEASED

Reg. Diat. No ...

City or town	shingtor dy Hook tside city or town liv f death? 80 freet address where to be Deagn Know	URAL and give nearest town S : Le., Md.	State M.S. City or town. Street No	(For newborn infants give residence of mother) State Maryland county Washington City or town Sandy Hook (If outside city or town limita, write RURAL and give nearest town) Street No. R.F.D. Knoxville, Md. (If rural, give LOCATION) 2.(a) If veteran, name war None					
3. (a) FULL NAME		_	Phillips, S	r.				ocial Security -12-362	
	5. Color or race	_	e, married, widowed, or divorced		N	MEDICAL C	ERTIFIC	ATION	
Male	White	Wi	ldower	20. DATE DE	DEATH OC	tober 2	6,	19.47	3:35P.
	••••		Lia Bagent c) If alive, give age	21. I CERTIFY Coloryears and that I las	that death occurrences	erred on the date about 19.	ove stated; the	at I attended deci	2 6 19 4 7
8. AGE: Years	Months 2	Days 7	It less than one day	Co		ma gl			
10. Usual occupation 11. Industry or business 12. Hame	Laborer B.&O. R. mrod N. shington	R. S Phill	ips ity, Maryland	Due to	ons				
# 14 Maiden name Jemima J. Guthridge					gs of operations.	egnaney within 3	***************************************	******************	
18, Informant Ca	therine	D. Mc	Bee	Autopsy resu					=0=0=**000****************
Address 503	W. Potom	ac St	Brunswick	Md PHYSICIAN:	: Please underli	ne the cause to w	hich death she	oold be charged	statistically.
Address SUS W.Potomac St., Brunswick, Md Burial (Burlal, eremation, or removal, Whiteh?) Cemetery or crematory. Virts Cemetery Consider Healt Montal and					cide, or homicide	(City or town)	(0	Date of	(State)
					ry		Inju	red at work?	
Address Charles Town, West Virginia					1.0	0	,	7	
19. 10 27 19#7 Castle (Date rec'd by registrar) Registrar						The Ca	//	M. D.	or other 10/27/47



PLEASE WRITE PLAINLY, is especially

Oct. 14.
(Date ree'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Ditto

09426

CERTIFICAT	E OF DEATH Reg. Dist. No.	18 da	
1. PLACE OF DEATH: Washington County Maugansville City or town Maugansville How long in above place of death? Hospital, institution, or street address where death occurred: Mennonite Home How long in hospital or institution? 4 Years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State. Maryland County Washington City or town. (If outside city or town limits, write RURAL and give nearest town) Mt. Eina Read (If rural, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME MRS SARAH ELIZABETH PITSNOGLE	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fenale White Widow	MEDICAL CERTIFICATION 20, DATE DF DEATH. October 12, 19 47, 21 2 A		
Edward 6.(b) Name of husband or wife Edward 5.(c) It alive, give age years 7. Birth date of Tanana with Color of Colo	21. I CERTIFY that death occurred on the date above stated: that t atjended deceased from 10 10 10 10 10 10 10 10 10 10 10 10 10	7	
deceased (mo., day, yr.) January vo 21 1867	Immediate cause of death DURATION	101	
9. Birthplace Clear Springs Wash. Co. Md. (Town, county, and state) Housewife	Due to Joyn	•	
11. industry or business Own Home 12. Name Lancelot Shank 13. Birthplace Clear Spring Md.	Other conditions		
14. Malden name Mary Miller 15. Birthplace Clear gpring Md.	Major fiadiags of operations		
16. Informant Mrs. John B. Keener Address Paramount Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:		
Burial Date thereof (month) (day) (year) Cemetery or crematory. Paradise Cemetery	Accident, suicide, or homicide		
location near Hagerstpown Md. 18. Funeral director Andrwew K. Coffman Hagerstown Manual and Andrews Manual An	tnjured at home, farm, Industry, public place (where?) Missas of tnjury tnjured at work?		
Address Hagerstown, Maryland 19. Oct. 14. 19. Charfelowere Registrar Registrar	23. SIGNATURE M. D. or other M. D. or other Date signed 1/13/5	(v =	

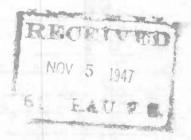
OCT 16 1947

2411 N. Charles St., Baltimore

	rect a
(e cor
	y. Th
7	efull
	in cai
	TH UNFADING INK. Supply every item of information carefully. The correct a
5 T	jui jo
MARCIN RESERVED FOR BINDING	item
OR B	y every
D F(ply
RVE	Sur
RESE	TH UNFADING INK.
Z	NG
A J	Z
M	ND
	TH

ou c	cles
ormati	death
inf	of
em of	auses
rery it	e the
ply ev	write
Sup	please
INK	ians:
ADM	Physic
FIND	tant.
WITH	impor
LAINLY.	is especially important. Physicians: please write the causes of death clea
WRITE	15
ASE	1

CERTIFICAT	TE OF DEATH Reg. Diat. No. 3 0 6
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Jennie Rebecca (2. (b) Social Security Number
4. Sex F. W. 6.(a) Single, married, widowed, or divorced M. 6.(b) Name of husband or with Landell S. 6.(c) Name of husband or with Landell S. 6.(d) N	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 4. 9 2 17	and that I last saw ham alive oe Day Burnarium Immediate cause of death DURATIUM LAST STATES LAST STATES
9. Birthplace. Welfaville and: (Town, county, and state) 10. Usual occupation. House Welfe 11. Industry or business	Due to Cirlento - S. Clerois Cardio Sas colan figurfacion So agra Due se figurante
12. Name 12. Name 12. Name 12. Name 12. Name 13. 8i/hpjace Arederick Come. 14. Maiden name Elizabeth Shildhnight 15. 8i/hpjace Arederick Co. md.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Smithsbury ma, #2 17. Burial Date Hereot Oct - 26 1947	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Location Wolfswille Ma	Accident, suicide, or homicide
18. Funeral director Walter G. Frove Address Wapperboro Ja. 10. Ct 25 - 14t Hav W. Farsusan	Means of injury injured at work? 23. SIGNATURE MD. or other
19.	1 10/a 1



PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

09428

CERTIFICATE OF DEATH

or, Dist. No. 302

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			***************************************		State Maryland County Washingtown		
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				Was a market			
				City or town Hagerstow	limits, write RURAL and give	e nearest town)	
Hospital, Institution, or si	treet address where	death occurred	:				
			***************************************	(If rural	Street No. Middleburg Pike (If rural, give LOCATION)		
How long in hospital or i	nstitution?		······	2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Secur	rity Number	
Adolph	Rastiki	8					
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL	L CERTIFICATION		
Male	White	M	arried	20. DATE OF DEATH Octob	er 26, 147	, a1	
R (b) Name of husband or	wife Ro	se Ra	stikis	21. I CERTIFY that death occurred on the death	ate above stated; that Lattended	deceased from	
or to the second		8.6	e) it alive, give age		1947 10 BCL.	2 9 19 7	
7. Birth date of	. Ma E	1878	S it mile! Bite aBe				
deceased (mo., day, yr.) 8 A.G.E. Years	May 5	Days		Immediate cause of death		DURATION	
8. AGE: Years	Months			Francia			
69	5	21	hrsr	nin.			
9. Sirihplace				Due to abscerved 3	Mapillan		
3. On this is a second	(Town,	county, and	tate)	Glaud	/		
10. Usuai occupation	Shoem	aker		Oue to			
11. Industry or business					10		
₩ 12 Name	lugustus	Rast	ikis	Dither conditions Mahal	Theat		
12. Name	.i thuani	0		0			
et l'is. Birtiplace	No 7				thin 3 months of death)		
14. Maiden name	NO A			Major findings of operations	***************************************		
15. Birthpiace	No r	ecord			Date of op		
16. informant	John R	astik	is	Antopsy results			
				PHYSICIAN: Please underline the eanse	e to which denth should be cha	rged statistically.	
Address			Md.	22. VIOLENCE: If death was due to exter	rnal causes, fill in the tollowing;		
17. Bu	rial	Date ther	eof	Accident, suicide, or homicide	Date ot	***************************************	
			Cemetery				
			Mags.		Injured at work?		
1B. Funeral director			Coffman		21/1	. 0	
Address	Hager	stown	Md.	23. SIGNATURE TAXORER	Dulleste	X	
oct. 2	6. 1847	1	East Bowes			. D. or other	
(Date rec'd by regi	istrar)		Regist	trar Address To Acerofour	A. M. Date sig	ned 10/26/4	



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

931

09429

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
County	State MARYLAND COURTY WASHINGTON		
(If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? LIFE	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 267 S. POTOMAC ST.		
WASHINGTON COUNTY MOSPITAL	(If rural, give LOCATION) 2.(a) It veteran, name war		
Now long in hospital or institution? 4 WEEKS			
3. (a) FULL NAME DANIEL MELVIN	REEL 3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALEMWHITE MARRIED	2D. DATE OF DEATH. Oct 14 19 47 al 2 rand		
6.(b) Name of husband or wife NANNIE BRASHEARS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Defet 10 1947 10 Out 14 194/		
7. Birth date of APP11 17 19 71	and that I last saw h		
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediai Carte of death DURATION		
8. AGE: Years Months Days If less than one day 7.6 7.6 5 2.7	Crebial Janonly Syn 16-47		
9. Birthplace SHARPS BURE WASHINGTON MD. (Town, Sounty, and state)	Due to Hypertensine Cardis -		
DETIMEN	Gondon June		
11- 1 (1)	Due to		
11. Industry or business MAGERSTOWN CITY EMPLOYEE			
12. Name SAMUEL REEL 13. Birthplace SHARPSBURG MO.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name SARUSSA ANNE PRICE 15. Birthplace SHARPSBURG MD.	Major fiediogs of operations		
15. Birthplace SHARPSBURG, MD.	Date of op.		
16. informant Marcoe Rees Son	Astoney results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
11 . 1	22. VIOLENCE: It death was due to external causes, till in the following:		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
cemetery or crematory Mountain View Cemetery	Where did Injury occur?		
Of haberra Mil	Injured at home, tarm, Industry, public place (where?)		
Location Marghan The Location	Means of Injury Injured at work?		
18. Funeral director,	1-1 70		
Address Hagerslawn, Md.	23. SIGNATURE Story November 79. D.		
Cet. 16. 47 Charty nower	M. D. or other		
(Date rec'd by registrar) Registrar	Address Turbstown Ph Date signed 10-15-47		



3 . 3

PROPERTY OF STATE OF

TOTAL DESCRIPTION

OCT 7 1947

20

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

(Date rec'd by registrar)

A15

VS

FOR BINDING

WARGIN RESERVED

CERTIFICATE OF DEATH

Date signed....

		CERTITICA	TE OF BEATH	Reg. Diat. No.
How long in above place Hospital institution, of Washing	Hagerstov Coutside city or town in ce of death?	ington Nn Structure RURAL and give nearest town) Structured: ty Hospital I day Cell Ridley	City or town Hagerst. (If outside city or town 417 N. Loc	County Washington OWN Illimits, write RURAL and give nearest town) Cust St I, give LOCATION) 3.(b) Social Security Number
	GC.	less midley		213-10-6840
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	3	L CERTIFICATION er 7, 1947 ₁₈ 7:30 P.
	. yr.) May]		and that I last saw h Low Lalive on Immediate cause of death	
1D. Usual occupation	N. AM.	tter Cement Co.	Due to.	
	eorge Ri		Dther conditions	2
至 13. Birthptace	Emma -		(Include pregnancy with	thin 3 months of death)
S 15. Birthplace	Emma Ne	w York	Major findings of operations	Date Non.
16. Informant	s. Margar	et Ridley		m
Address 417	N. Locus	t St- Hagerstown, M		e to which death should be charged statistically.
17 Buri (Burial, crematio	al on, or removal, Which?) story Rose	Date thereofOc.t. 10 47	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	Date of
		wn, Md.	Injured at home, farm, Industry, public pt	
18. Funeral director.		Kraiss	Meens of Injury	Injured at work?
Address	Hagersto	wn, Md.	23. SIGNATURE	Kabeel
19. Oct.	10. 1947	Charfffowers,	Was to	M. D. or other

Registrar



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Security Road, R.F.D. #5 (If rurel, give LOCATION) 2.(a) It veteran, name war.		
3.(a) FULL NAME Unnamed Baby (Rohrer)	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 4.5221		
7. Birth date ot deceased (mo., day, yr.) October 3, 1947 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 7, 10. 3. 19. 7. and that I last saw h 2 alive on SA 5. 19. 7. Immediate cause of death DURATION 4 pages.		
9. Birthplace Hagerstown, Maryland (Town, county, and state) 10. Usual occupation	Due to.		
Hagerstown, Maryland	Other conditions		
14. Maiden name Ruth Dayhoff 15. Birthplace Hagerstown, Maryland 16. Informant Howell Rohrer	Major findioss of operations		
Address Security Road, R.F.D. #5 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)			
Cemetery or crematory Rest Haven Cemetery Location Hagerstown, Maryland	Where did Injury occur?		
18. Funeral director. C. M. Suter & Sons Address Hagerstown, Maryland 19. Oct. 7, 1947 Also Also Registrar (Date rec'd by registrar) Registrar	23. SIGNATURE No. D. Jayman, Inda.		

MARYLAND TEXTS OFFATHER ARTHUR

TANG NO STADT STREET

STATE SATISFAS

mount of collect

OCT 9

REPORT OF 1947

RUBEAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09433

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Washington			
City or town Sr. 1 thsburg (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 5 Months	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
Main St.	(If rural, give LOCATION)		
How long in hospital or institution?	(For newborn infants give residence of mother) State MATYLAND City or town HARRING County (If outside city or town limits, write RURAL and give nearest town) Street No. MALIN STREET (If rural, give LOCATION) NONE 3. (b) Social Security Number NONE MEDICAL CERTIFICATION 20. DATE OF DEATH. ACTORY 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw house of death. Due to Actory of the following: (Include pregnancy within 3 months of death) Major findings of uperations. Autopay results. Physician in the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to asternal causes, till in the following: Accident, suicide, or homicide. Only only only only only only only only o		
3. (a) FULL NAME	3. (b) Social Security Number		
TRENTON CARRINGTON SCHROYER	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH OCTOBER 29 19 47 at 8:45B		
6.(b) Name of husband or wife. Lola E.			
	Det 14 1947 10 Pt 29 194/		
7. Birth date of Norrowhom 21 1964			
deceased (mo., day, yr.) NOVEMBEL 21, 1004	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Cerebral Thy ombore 3 days		
82 11 8hrsmln.			
B. BirthplaceWolfsville, Fredrick Co. Md. (Town, county, and state)	Due to Carterio & Cher osis 10 70,		
10. Usual occupation. Merchant	mais lely orice Drustales 4 cm		
11. Industry or business Retired	L. Dertroeth		
12. Name Lawson Schroyer 13. Birthplace Wolfsville Md.	The state of the s		
	(Include pregnancy within 3 months of death)		
	Majur findings of operations.		
\$ 15. Birthplace Wolfsville, Md	Date of op		
16. Informant Edwin C. Schroyer			
Address Smithsburg Md.			
1 1			
Burial Date thereot 11/2/47 (Burial, cremation, or removal, Whieh?)	Accident, suicide, or homicide		
Cemetery or crematory Lutheran Cemetery	Where did injury occur?		
location Wolfsville MFredrick Co. Md.			
	_		
18. Funeral director. Andrew K. Coffman			
Address Hagerstonn, Md.	22 SIGNATURE G G K States		
18 lect 31 1847 Geo. V Tynguron	M. D. or getyr M. D. or getyr Date stoned 31/4		

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and le

WRITE PLAINLY, is especially

PLEASE

RECEIVED

NOV 5 1947

Dittall 7 E.

VS A15

The correct age

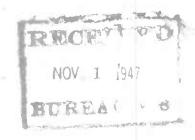
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() 9434 Reg. Dist. No. 302

How long in above place Hospital, institution, or Washin	Hagerst outside city or town if ot death? street address where igton Cou	own mits, write R Life death occurred nty H	URAL and give nearest town)	City or iown Hagers (If outside city or to	town town limits, write RURAL and give nearest town)
3. (a) FULL NAMI	E R	uth M	ay Settles	S. S. Francisco	3. (b) Social Security Number None
4. Ser Female	5. Color or race White		e, married, widowed, or divorced Married		cal certification ober 27, 1947
6.(b) Name of husband 7. Birth date ot deceased (mo., day,)	De	6.(Settles c) If allive, give ageyear r 8, 1915	and that I last saw h	and ate above stated; that I arranged accepted from 19
8. AGE: Years	Months	Days 19	tf less than one dayhrsmin	Immediais cause of death	Hemorrhoge 16
9. Birthplace Hagerstown Washington Co., Mc (Town, county, and state) 10. Usual occupation Home Duties 11. Industry or business				Due to	
12 Name Clayton Diffenderfer 13. Birthplace Clear Spring, Md.			Md.	1	within 3 months of death)
14. Maiden name.	Shamoki			Major findings of operations	Date of op.
16. Informant Mrs. Grace Dundus				Autopsy results	nuse to which death should be charged statistically.
Address Nottingham Road - Hagerstown, M Burial Date Thereof Oct. 30, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md. Fred W. Kraiss Address Hagerstown, Md.				22. VIOLENCE: If death was due to a Accident, suicide, or homicide Where did injury occur?	or town) (County) (State) place (where?)
19 Oct. 3	0. 1947	pho	upt thowers	Hogh	The wo M D, or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

09435

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Ditto

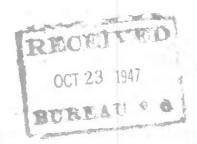
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
							Hospital, institution, or
	Marshall				(If rural, give LOCATION)		
How long in hospital or	Institution?				2.(a) if veteran, name war. None		
3. (a) FULL NAMI						3. (b) Social Security	Number
3. (a) PULL NAME	and the second		0011 011111			None	Mamber
	GDORGE		SON SHAN				
4. Sex	5. Color or race	S.(a)Singl	e, married, widowed, or	divorced	MEDICAL	CERTIFICATION	P
Male	White	S	ingle		20. DATE OF DEATH October	20, 19 47	1.30
6.(b) Name of husband	or wife				21. I CERTIFY that death occurred on the date	above stated; that I attended dece	
***************************************		6.(e) If alive, give age	years	and that I last say bear the alive on	8-1-34-47	10
7. Birth date of deceased (mo., day, y	Sept	ember	22.1908		1		
8. AGE: Years		Days	If less than one da	у	Immediate cause of death		DURATION
39		28	hrs.	mln.	Enrephelito	Chimi	2 200
9. Birthplace Westminister Carrol Co. Md. (Town, county, and state)			Due to		/		
In liqual occupation	Bethleh	em St	eel Co.				
					Due to		0
11. Industry or business Moulder					Bandin	Landella	48 kg
12. Name George F. Shaner 13. Birthplace Westminister Md.					Other conditions Dronelial	11/9/	47
			er Md.		(Include pregnancy within		a.5.
当 14. Malden name.	Nellie	Tayl	or		Major fiedings of operations.		
14. Malden name.	Westmin						
	s. Nelli		Miller		Actorsy results	and the death should be observed.	atatistically
Address	agerstown	n Md.					otatioticarry.
17					22. VIOLENCE: If death was due to external Accident, suicide, or homicide		
Cemetery or crematory				y	Where did injury occur?(City or tow	rn) (County)	(State)
Location	Hagersto	wn Md	•		Injured at home, farm, Industry, public place	(where?)	
					Misans of injury	Injured at work?	
	Andre		orran	••••••	11 57 /1	7 il	
Address H	Address Hagerstown Md.				23 SIGNATURE LUS	NA)	

MARGIN RESERVED FOR BINDING

PLEASE

WRITE

(Date rec'd by registrar)



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyWashington			
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland founty Washington		
How long in above place of death? 35 years	City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 650 Oak Hill Avenue		
650 Oak Hill Avenue	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
George E. Slaybaugh	232-01-8412		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH Oct 7 1947 31 7:30 A. M		
6.(b) Name of husband or wife. Eva. M. Slaybaugh	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
6.(0) Name of husband of wife	mar 16 1941 10 oct 7 1947		
T. Birth date of Government Gover	and that I last saw h m alive on oct 6 18 47		
deceased (mo., day, yr.) September 6, 1880	Immediate caose of death DURATION		
8. AGE: Years Months Days If less than one day	4 4		
67 1 1hrsmin.	Coronary Thromboses 10/7/47		
s. Birthplace New Kingston Pa. Town, county, and atate) 1D. Usual occupation Certified Public Accountant	Due to		
11. Industry or business Own Business	Due 10		
買 12. Name George H. Slaybaugh	Other conditions		
13. Birthplace Adams Co. Pa.			
	(Include pregnancy within 3 months of death)		
14. Maiden name AllIII 18 11 18 17	Major findings of operations.		
E 15. Birthplace Snippensourg, ra.	Date of op.		
14. Maiden name Annie L. Law 15. Birthplace Shippensburg, Pa. 16. Informant Mrs. Geo. E. Slaybaugh	Aotopsy resolts		
	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Date thereof 10-9-47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rest Haven Cemetery	Where did Injury occur?		
Cemetery or crematory AND WAR MARKET AND MAR			
Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Meens of Injury Injured at work?		
Address Hagerstown, Maryland	23 SIGNATURE A L SI O Terfield M.O.		
19 Oct. 8. 1947 Charft Bowers	136WW ashington M.D. or other		
(Date rec'd by registrar) Registrar	Address Date signed LDJ J		

CERTIFICATIE OF DEAL

OCT 10 147

The state of the s

Salara and

The second second second

PLEASE WRITE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Beachley

09438

CERTIFICA	IE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hoxpital, Institution, or street address where death occurred: Washington County Hospital How long in hospital or inelitution? 1 Hour	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or town. Hagerstown R. F. D (If outside city or town limits, write RURAL and give nearest town) Street No. Beards Church Road (If rural, give LOCATION) 2.(a) If veteran, name war. None
3.(a) FULL NAME ALBERT R. SMITH	3. (b) Social Security Number 220 - 67 - 6377.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single Si	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 23 1947
5.(b) Name of hueband or wife	1919
8. AGE: Yeare Months Days It less than one day 57 9 10hrsmin.	Crushing Frymy To Jahru
9. Sirthplace. Cumberland, Allegany Co. Md. (Town, county, and state) 10. Usual occupation. Cook 11. Industry or business Restaurant 12. Name. No. Record 13. Birthplace No Record	Due to Due to Differ conditions
14. Maiden name No Record 15. Sirthplace No Record	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Hagerstown Police Dept. Addrese Hagerstown Md. 17. Burial Date Infered 10/29/47 (Burial, cremation, or removal, Which?) Cemetery or cremalory Rose Hill Cemetery Localion Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. 19. Oct. 29. 1947 Massifiances Registral	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: II death was due to external causes, lill in the following: Accident, suicide, or homicide
(Date sec a place series)	MARICOS



OCT 31 1947

information carefully. The cof death clearly and legibly.

PLAINLY PLEASE WRITE A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

09439

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long In hospital or institution? Enroute to Hospital	Street No	
3.(a) FULL NAME Esta Jane Smith	3. (b) Social Security N	umber
7. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Oct/18 47	6:45P
6.(b) Name of husband or wife 10 has Smith	21. I CERTIFY that death occurred on the date above slated; that I allended deceas	ed from
7. Birth date of deceased (mo., day, yr.)	and Ihal I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
69 8 27nrsmin.	acute coronary occlusion	***************************************
9. Birthplace (Town, county, and state)	Due to	*********************
10. Usual occupation House wite	Due 10	*******************************
11. Industry or business		
12. Name - loha P. Floor 13. Birthplace Middle tow, Md-	Citor Conditions	
	(Include pregnancy within 8 months of death)	
14. Malden name. Rebecca Ann Derr 15. Birthplace Middletown, Md.	Major findings of operations	
16. Informant Frank Smith	Autopsy results	
Address Middletown, Md	PHYSICIAN: Please underline the cause to which death should be charged st 22. VIOLENCE: If death was due to external causes, fill in the following:	atistically.
17	Accident, suicide, or homicide	
Cemetery or crematory Luther zu Cometery	Whers did Injury occur?	(State)
Location Middle town, 194.	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Msans of Injury Injured at work?	ICAL FXAM.
Address Middletown Md.	23. SIGNATURE NOTHER WASH. C	
19. (Date rec'd by registrar) Registrar	Address Hagerstown hid Date signer	t.18/47

OCT 22 1947

and the state of t

with and the state of

- Dy g - 10 cold

- Hast is gath.

TO THE BUT OF THE

3 6 7

326

y nel count . sweeth l

VS A15

riect age

Dr Kohlei

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

928

09440

(10	-				
			2	06	
Dan	Dist	No	13	100	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County / Askungton City or town (If outpie city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) 11 veteran, name war.
	1
3. (a) FULL NAME Cetha Ray Smith	3. (b) Social Security Number
4. Sex 5. Color or raca 6.(a) Single manife, widowed, or divorced Wiclowed	MEDICAL CERTIFICATION 20. DATE OF DEATH OF MEDICAL CERTIFICATION
8.(b) Name of husband or wife Ottora Nulsan	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
S.(c) It alive, give age	Sept 20 13,47, 10 QC/4 194/
7. Birth date of 7. / 9. / C. /	and that I last saw harmonic on
deceased (mo., day, yr.)	Immediate prope of Acath DURATION
8. AGE: Years Months Days It less than one day	Palm mary 10 day
66 8 11min.	alul accidion
9. Birthplace Feredrick Co Md (Town, county, and state)	Due to Englocard Tis le liverie 20 ye
10. Usual occupation Farmer	
11. Industry or Dusiness /	more and made
	A aux
12. Name oh smille 13. Betherace Freebrick Ce hid	Other conditions (include pregnancy within months of death)
14. Maiden name maria mangans	(Include pregnancy within months of desth)
15. Birthplace Washington Co hid	Major findings of operations. Date of op.
18. Interment mes melvin Jones	Antopsy results.
Address Hagerstown Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burnal cremation, or removal, Which) Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, sulcide, or homicide
Cemetery or crematory Smithsburg Cemetery	Where did injury occur? (City or town) (County) (State)
le Holle of leed	
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. Mallin J.	Means of Injury Injured at work?
Address Maynestono Ferma	as assured by G H ofelos
19. (Date rec'd by registrar) 1947 Set H. Tanguson Registrar	Address Junita Care Date signed 15/1/2



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



19441 Reg. Dist. No. 304

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Lagrange Cavetown.	State Maryland county Vashington
(If outside sity or town limits, write RURAL and give nesrest town)	City or town Caretown limits, write RURAL and give nearest town)
How long in above place of death?	
	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
William. V. Smith	no,
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Shite Married	20. DATE DE DEATH DE 3 1947, at 4A M
8.(b) Name of husband or wife Illustric Mulitare	21. I CERNIFY that death occurred on the date above stated; that I attended deceased from
	184 to CG 3 194
7. Birth date of deceased (mo., day, yr.) (ad.	and that I Mest Saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
84 10 /nrsmio.	forestant X letters on 19 1 D Alay
9. Birthplace Man Applaville Fred loo med (Town, county, and state)	Due to Competion School 10 gra
10. Usual occupation Farming	Due to.
11. Industry or business	DUC (U
12. Name Jasepsla Smith	Other conditions
13. Birthplace Alar Challsville. Fred le Und	(incinde pregnancy within 2 months of death)
14. Maiden name Mirah. Oun. Faraht	(tacinde pregnancy within a months of death) Major findings of operations
14. Malden name / Make Comment of the last that the last that the last that the last the last that t	Date of op.
16. Informant Stations - Smith	Aniopsy results
Address Cloquetonou mid	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or remposit. Which?) (Burial, cremation or remposit. Which?)	Accident, suicide, or homicide
Cemetery or cremator structure Country	Where did injury occur?
Location Secretary and	injured at home, farm, industry, public place (where?)
18. Funeral director & S.O. 18. 1 Laous	Means of Injury Injured at work?
Address Amittabura mo	e. C W 2 Pa.
10 10ct 4 15t7 Her M Franco	23. SIGNATURE M. D. oroshep
(Date rec'd by registrar)	Address Suy Illus Veres Date signed 13/47



TOTAL TOTAL HOPE SERVED

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09442

			CERTIFICA	TE OF PERIOR	Reg. Dist. No.	
I. PLACE OF DEATH: County			RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of Maryland State	washing t washing t we write RURAL and give new LOCATION) 3. (b) Social Security	arest town)
Mrs. May	M. Sn	yder			None	
4. Sex 5. C	white	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	2 1947	, 6 P
8.(b) Name of husband or wif 7. Birth date of deceased (mo., day, yr.)	. Ro	6.(B. Snyder Sr. (c) If alive, give age 80 year 1862	21. I CERTIFY that death occurred on the date ab	47 10 Oct 2 S 2	19.#.7 19.#.7
8. AGE: Years	Months	Days	If less than one day	Commong Ocal		15 min
9. Birthplace Alpharetta Milton Co. Georgia (Town, county, and state) Housewife 10. Usual occupation. 11. Industry or business Own Home			atate)	Due to	O. f.	(7400
13. Birthplace A	nderso	n So.	Carolina	Unclude pregnancy within 3		
14. Malden name. Frances Richards 15. Birthplace Herndon Va. 16. Informant. Robert B. Snyder Sr. Address Hagerstown Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rest Haven Cemetery Location. Hagerstown Md.				Major findings of operations		
				Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
			(month) (day) (year) n Cemetery Md.	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	(County)	(State)
18. Funeral director	ndrew Hagers	K. Co	ffman	Means of Injury	tnjured at work?	
- 4	1947	1	Fear Howers Registr	23. SIGNATURE	M. D. M. D. Date signed	rd slul

RECEIVED

OCT 7 1947

BUREAU . a

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County - Grand	State Maryland County Crashington
(If outside city or town limits, write RURAL and give nearest town)	City or town Beaver Creek 'Rull'
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Flagerstown Md. R. I	Street No. Tageastown Md. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Friely Sun	nan none
4. Sex 5. Color or race 6.(a) Single, married, widower, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH OCLOSES - 22 - 19 47 21 / P-
6.(b) Name of husband or wife Dancy Es. Suman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give ageyears	Cysul 4 194 7, 10 Cf g 22,13.4
7. Birth date of deceased (mo., day, yr.)	and that flast saw hall/e on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
75 8 21 hrsmln.	
9. Birthplace Boousbas Chash. Cs. md.	ouchelir our Enfart tis 20 ye
(lown, county, and state)	Decompensale & Lear 3 min
1D. Usual occupation	Legalius Mellitus 10 yr
11. industry or business	
12. Name Sumana. Suman	Diher conditions
EU. V 70 N	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Brous Ino Chash. Co. md.	Date of op.
16. Informant Mrs. Naucy Ca. Survious	Autopsy results
Address Dagenstinin Md. K.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Compley or crematory Church & the Brethran Cenutary	Where did injury occur? (City or town) (County) (State)
Location Beaver Creek md.	Injured at home, farm, industry, public place (where?)
Paru J. B. + asma	Means of Injury Injured at work?
18. Funeral director.	
Address (Socialization Prince)	23. SIGNATURE M. D. or other
19. Oate rec'd by registrar) (Date rec'd by registrar) Registrar	Address mitho long Date signed 123/4

FOR BINDING

RESERVED

MARGIN

ADING INK. Supply every item of Physicians: please write the causes

WITH UNF important.

RITE

PLEASE

SA

RIDORUVIED

OCT 27 1947

BYREAT & B

ortect age information carefully of death clearly and

2411 N. Charle	es St., Baltimore 43V
CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hage stown (If outside city or town limits, write RURAL and give nearest town) Street No. 214 Summit Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Maude Grace Ward	3. (b) Social Security Number None
4. Sex S. Color or race 6.(a)Single, married, widowed, or divorced White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife John William Ward 5.(c) If alive, give age years deceased (mo., day, yi.) January 23, 1883 8. AGE: Years 64 8 21 hrs. min. 9. Birthplace Washington County, Md. (Town, county, and state) 10. Usual occupation Home Duties 11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 7. 10. 19. 7. and that I last saw how alive on Occurred that Lattended deceased from DURATION Due to.
12. Name. Samuel Rogers— 13. Birthplace Staunton, Va. 14. Malden name Elizabeth Pryor 15. Birthplace Washington County, Md. 16. Informant Mrs. Virginia Knode Address W. Antietam St. Hagersown, 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	Other conditions
Location Hagerstown, Md. 18. Funeral director Fred W. Kraiss Address Hagerstown, Maryland. 19. Oct. 16. 1947 Chaptellowers (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?) Means of Injury 1njured at work 23. SIGNATURE M. D. actions

FOR BINDING MARGIN RESERVED

PLEASE WRITE PLAINLY, is especially

RECEIVED

OCT 18 1947

F.F. A

VS A15

MARYLAND STATE DEPARTMENT OF HEALTHX

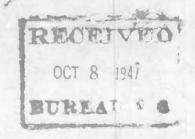
2411 N. Charles St., Baltimore

09445

CERTIFICATE OF DEATH

Reg. Diat. No. 306

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md County Washington
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Theodore Same	uel Hastles 3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL GERTIFICATION
male white morned	20. DATE DE DEATH 3 October 19 4.2 at 7:45 AM
6.(b) Name of husband or wife Sylvatice M. Filoughet. 6.(c) It alive, give age 5.6. years	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 23. U. L. 19. 4.7. to 3. O. John 19. 4.7. and that t last saw h. I.M. alive on 2. O. John 19. 4.7.
7. Birth date of deceased (mo., day, yr.) May 11, 1888	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 59 # 22	Cardesi Dewypensadum
9. Birtholace Sabelle md.	Due to. Commence of the Ages of
10. Usual occupation	Que 10. The Sofomach.
11. Industry or business of sealer	
12. Name Traddens R. Wastler 13. Birthplace Thermont med.	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Alma S. Rayes 15. Birthplace Cascade Md.	Major findings of operations. Date of op.
16. Informant. T. allen Haytler	Actors y results
Address Alngacola dela.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17	Accident, suicide, or homicide
Cemetery or crematory Bethell	Where did Injury occur?
Location Cascada Meli	Injured at home, tarm, industry, public place (where?)
18. Funeral director Halles 26 Gens	Means of Injury Injured at work?
Address 7 S. Church H. Wayneslery	23. SIGNAJURE Tolust A. Tanjan, M.D.
19. (Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address Blue Red & Learning Date signed 3 0 19-1927



2411 N. Charles St., Baltimore

932

09446

10.		-			
many	2				

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mary Eller Standard 4. Sex 35. Color or race 6.(a) Single, married, widowed for divorced	3. (b) Social Security Number
6.(b) Name of husband or wife for the land of the land	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8. AGE: Years Months Days If less than one day 71 6 23	Immediate clase of death Vertical Cardo Duration Due to.
10. Usuai occupation	Due to Dither conditions
16. Interment Journey Waren 16. Interment Journey Address French Journey Mod	Major findings of aperations
17. Burial cremation, or removal. Which?) Cemetery or crematory. Funds town. Location. Funds. Compared to the supplier of th	Accident, suicide, or homicide
18. Funeral director C. M. Suter & Sons Address Hagerstonn for an land 19. Deta 20, 19. 47. Blash Bowers (Date rec'd by registrar) Registrar	23. SIGNATURE Sidney hovenster To D. M. D. or other Address Justisteum Ind Date signed 10-18-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 NS

. 1 1 44

THE TO

OCT 22 1947 BUKLAU F &

2411 N. Charles St., Baltimore

09447

CERTIFICATE OF DEATH

Pag Dist No 302

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland County Washington
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?	City or town (If outside city or town (nits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 313 - S. Canuon au.
313 S. Cannon are: How long in hospital or institution?	2.(a) It veteran, name war Jatuanan Lucand Won 2.
How long in hospital or institution?	3. (b) Social Security Number
	214-09-5523
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH October 24 1947 at 8 PM
6.(b) Name of husband or wife Mary C. Weaven	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	and that I last saw h 1 2 2 19 47 19 47 19 47
7. Birth date of deceased (mo., day, yr.) Obrial - 12 - 1903	In mediate cause of death
8. AGE: Years Months Days If less than one day	Word Jumposto valla-4
44 6 12min.	-
8. Birthplace Reed prints Attal, Co. Md. (Town, county, and state)	Due to
10. Usual occupationEdge Drummer	Due to
11. Industry or business Carbale Shoe Co.	
E 12. Name Us Clayton Weaver	
13. Birthplace Clears broke Wash, Co. Md.	(Include pregnancy within 3 months of death)
	Major findings of operations.
18. Interment Mary C. Weaver	Autopsy results
Address 313 S. Cannon au Hogneline Mr.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Whars did injury occur? (City or town) (County) (State)
Location Reedyuille Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director CVM U. Bast & Sarus	Means of Injury Injured at work?
Address Boonstops Md	23. SIGNATURE Schrey noversten by
Det. 27. 1947 Chastitowered	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed (0-25.4)

MARGIN RESERVED FOR BINDING

A15 VS

RECEIVED

OCT 29 1947

BUEZA

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

1310 2411 N. Charles St., Baltimore

09448 Reg. Diat. No. 3

PLACE OF DEATH	2. USUAL RESIDENCE (HOME) UF DECLASED: (For newborn infants give residence of mother)	
county	State Maryland county Washington	
(If outside city or town limits, write RURAL and give nearest town)	0<0, 10.0	
low long in above place of death?	City or town (If outside city or town limits, write DRAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. Main St.	
main et.	(If rurel, give LOCATION)	
low long in hospital or Institution?	2.(a) If veteran, name war	
B. (a) FULL NAME	3. (b) Social Security Number	
House Baston Parlit	trustra. none	
1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
no A Lind Day		S MA
Male White Married	2D. DATE DE DEATH OLD 1947 - 318 7	LUN M
6.(b) Name of husband or wife Ella Whittington	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	7-7
S (a) If alive give gree	19.7 10.00 7 11	97-/
7. Birth date of STT A -22 1679	and that I last saw h alive on 1	9.4/
deceased (mo., day, yr.) Deplember 22 - 1879	Impediate cause of Jeath DU	BATION
8. AGE: Years Months Days If less than one day	Capoplet 4 /2 50	mers-
08 0 hrsmin.	A A A	
9. Birthplace Dirginia	Due to prous - Varencor -	*************
(Town, county, and at te)	Reval disast 29	2+-
1D. Usual occupation. Yettred January	Due to	
11. Industry or business		
12. Name Robert Whittington	Differ conditions	
13. Birthplace Viramia		
	(Include pregnancy within 3 months of death)	
14. Maiden name Selens Carpus	Major fiedings of operations	
≥ 15. Birthplace	Date of op.	
16, Informant Mrs. Ella Pulittington	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged statistically	у
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide	
Cemetery or crematory St. Marks Countery	Where did Injury occur?	
CII md		
Location Dapano	Injured at home, farm, industry, public place (where?)	************
18. Funeral director WM B - 1 Sast Torus	Meens of injury Injured at work?	0-
Address Bornalows mo	23. SIGNATURE Walter H. Shear M. M. or other	2 🗴
6.110	23. SIGNATURE	
19. O - 1947 El Soyester (Date rec'd by registrar) Registrar	Address Larfsbury , We Date signed 10/9	147.
(Date rec'd by registrar) Registrar	Maddress. J. K	



agrate.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09449

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEAT	н:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
CountyWa				State Maryland county Washington		
City or town	gerstown	1	URAL and give nearest town)	1 Sept Time and the American September 1999		
			S	Cily or lown		
How long in above place of (Hospital, institution, or str	dealh?	death occurred				
				Street No. 534 Brown Avenue (If rural, give LOCATION)		
How long in hospital or ins				2,(a) If veleran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
		Jacob	Walter Widmye	2/4-09-9879		
4. Sex 5	. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	W	idowed	20. DATE DF DEATH October 28, 1947, 21.		
s (h) None at husband or	with Rinth	C. W	idmyer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
				2/1/2/6 19 10/25/4/19		
T. Birth date of) tf alive, give ageyears	and that I last saw ham alve on 10/02/14 19 19		
deceased (mo., day, yr.)		st 8,	1874	Immediates ause of death DURATION		
8. AGE: Years	Months	Days 20	It less than one day	Consessive deart Jachere Leuts		
00	2	20	hrsmln.			
a Blathalana Wa	shingto	on Cou	nty, Md.	Due to.		
10. Usual occupation	Carr	penter	and the state of t	A . I .		
11. Industry or business				oue to		
	III = emos	W: Aw	yer	Janual War sila 2.1/10		
				Uther conditions		
	sningto	on Cou	nty, Md.	(Include pregnancy within 3 months of death)		
14. Malden name	la rgaret	t R. N	lurray			
LO V			unty, Md.	Major findings of operations.		
16. Informant	ss Heler	n Widn	yer	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address 534	1 Brown	Avenu	e- Hagerstown,			
				22. VIOLENCE: If death was due to external causes, fill in the following:		
II				Accident, suicide, or homicide		
Cemetery or crematory.	Rose	Hill	Cemetery	Where did Injury occur?		
LocationHa	gerstov	vn. Md		Injured at home, tarm, industry, public place (where?)		
18. Funeral director	-			Meens of Injury Injured at work?		
	Tagersto			Starle Journa MD		
Mat 2/	16,17	Pol.	1 HBoro NOM	23. SIGNATES M. D. or other		
19. (Date rec'd by regis	17	y M	Registrar	Address Date signed 10/39/14		
(Date rec'd by regis	traij //		Tonkistrari	AUUICYS. F Series and the series are the series and the series and the series are the series are the series and the series are the se		

RECEIVED

NOV 3 1947

BTREAT T &

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(1945) Reg. Dist. No. 305

1. PLACE OF D				2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of a	F DECEASED:	
			***************************************	StateMaryland		1
City or town Boons boro (If outside city or town limits, write RURAL and give nearest town)			JRAL and give nearest town)			
How long in above place of death?				City or town	, write RURAL and give n	eareat town)
Hospital, Institution,	or street address where	death occurred:		Street No.		
***************************************			***************************************	(lf rural, give		
How long to hospital	or institution?			2.(a) If veteran, name war		
3. (a) FULL NAI	ME				3. (b) Social Security	Number
	John D	avis Wi	lhide		None	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White		Married	20. DATE OF DEATH	25 447	. 4.100
6.(6) Name of husbar	d or wifeAl	ice(Kna	dler) Wilhide	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	eased from
		6.(c) It alive, give ageyears	and that t tast saw halive on	/ 3.5~4	19.4.7
7. Birth date of deceased (mo., day	Mo	v. 2,18		and that I tast saw hCommunative on		
	ars Months	Days	If less than one day	Immediate cause of death.		1
8	0 11	23	hrs	- manue to the second	Pro. beloodbal.	24 23 day
24.5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1 171	1 2 13 +		24- 58 6-
9. BirthplaceMJ	Town (Town	receric, county, and s	k-Md	Due to	***************************************	
10. Usual occupation	Retired	Mercha	nt			
11. Industry or busin				Due to	***************************************	
	Tacah W	ilhide			***************************************	***
12. Name	***************************************			Other conditions	>00010000100000000000000000000000000000	***************************************
	Frederi			(Include pregnancy within 3 t	months of death)	***
14. Maiden nam 15. Birthplace				Major findings of operatious		
2 15. Birthplace	Frederi	ck Coun	tyMd			
16 Interment Mr	s. Alice W	ilhide		Autopsy results	***************************************	
	onsboro, M			PHYSICIAN: Please underline the cause to wi	hich death should be charge	d statistically.
			0-1 00 3047	22. VIOLENCE: If death was due to external cau		
17. Burla	on, or removal. Which	. Date there	(month) (day) (year)	Accident, suicide, or homtcide	Oate ot	
				Where did injury occur?(City or town)	(Connty)	(State)
				injured at home, tarm, industry, public place (w		
			[d	Msens of Injury	injured at work?	
1B. Funeral director	R. I. E	arnshaw		macha et mury	maroa ar norki	
Address	Keedysv	ille. N	Id	41117	2 / 5 /	
		. 0	XI.BX	23. SIGNATURE	M, D	. or other
19. HO 7	19.4.7.	Michael	Registrar		Date signed	



09451

			CERTIFICA	TE OF DEATH	Reg. Diat. No. 307	,
City or town(If o How tong in above place Hospitat, institution, or	Washing the grant of the grant	wn write 20 y death occurre	RURAL and give nearest town) ears. d: s.pital ks	State Had I'y land City or town Hagerst (If outside city or to	ME) OF DECEASED: dence of mother) County Washington OWn. Md. who limits, write RURAL and give nearest town) Mit venue ral, give LOCATION))
3. (a) FULL NAME		Ella	Rhodes Willis		3. (b) Social Security Number	
4. Sex Female	5. Color or race White		le, married, widowed, or divorced Widow		AL CERTIFICATION er 14, 1947, 12:15	fa.a
	Sont	6.0	Willis (c) It alive, give ageye: 1881	and that t last saw h	date above stated; that I attended depeased from	9
8. AGE: Years	Months	Days 4	tt less than one day	Immediate cause of death Od	Olimon O	ATION
	Home . Lames Mi	Dutie lbur n	S	Oue to		
- 21	Sarah	Virgi:	nia 		within 3 months of death)	
16. Informant	2 6 22 C 11 C 1		nia Springer rive- Hagersto	Antopsy resolts		
Buria (Buria (Burlai, cremation, Cemetery or cremator	, Anti	etam]	oct. 16. 19. (month) (day) (year) National Cemet	There did injury occur?(City of	ernal causes, fill in the following; Date of	
1B. Funeral director	Ered W	• Kra	iss	Msans of Injury	Injured at work?	

information carefully of death clearly and

Supply every item of ease write the causes

WITH UNFA

PLAINLY, is especially

PLEASE WRITE

A15 NS

REOMITYMO

OCT 18 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09452

1. PLACE OF DEATH: Washington County Funkstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 57 years Hospital, Institution, or sizest address where death occurred: East Baltimore St. How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town (if outside city or town limits, write RURAL and give nearest town) East Baltimore gt. (If rural, give LOCATION) 2.(a) It vetsran, nams war None
3. (a) FULL NAME	3. (b) Social Security Number
MRS VIRGINIA CATHERINE WILSON	None
4. Set 5. Color or racs 6.(a) Single, married, widowsd, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DE DEATH OS 14 47 19 21 2 10 M
6.(b) Hame of husband or wits Charles W. 6.(c) II alivs, give ags years 7. Birth date of deceased (mo., day, yr.) February 16 1855	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 10. 19. 19. and that I last saw base
	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 92 7 28hrshrs.	
9. Birthplace: Keedysville Wash. Co. Md. (Town, county, and state) Housewife 11. Industry or businsss Own Home 12. Name Sa muel Miller 13. Birthplace Keedysville Md. 14. Malden name Elizabeth Ullum 15. Birthplace Keedysville Md. 16. Informant Mrs. Noane W. Barnes Addrsss Funkstown Md.	Due fo
Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) Funkstown Cemetery Cemetery or crematory	Accident, suicide, or homicide
Location Funkstown Md.	injured at home, tarm, industry, public place (where?)
18. Funeral director	Mssns of injury injured at work?
Address Hagerstown Md.	1 2W lett
19. 6 15. 19.47 Chartes Sowers (Date rec'd by registrar) Registrar	Address Date signed M. D. or other

OCT 17 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

-09453

CERTIFICATE OF DEATH

Reg. Dist. No. 30 Z

1. PLACE OF DEATH: County Washington County City or town Hagerstown Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1.7 month Hospital, institution, or street address where death occurred: 924 Dewey Ave. Hagerstown Md. How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town 9.24 Dewey Ave Hacers town Manual (If outside city or town limits, write ROHAL and give nearest town) Street No. 9.24 Dewey Ave (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number
Miss Daisy Elsie Young	None
Female Single Sin	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH 23 P. M.
6.(b) Name of husband or wife Single 6.(c) It alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19. 4.7., to OCT 30 19. 4.7. and thet I last saw h. C. X. alive on OCT 3.0
deceased (mo., day, yr.) March 10 1869	Immediate cause of death Oplastic anemia 12 mas
9. Birthplace. Frederick Co. Md. (Town, county, and state) 10. Usual occupation. Nurse. 11. Industry or business Womans Hospital Philadelph:	Due to
12. Name. Jacob A. Young 13. Birthplace Frederick Md.	Other conditions generalised artemosclenosis
14. Maiden name Mary Jane Wolf 15. Birthplace Wash. Co. Md.	(Include pregnancy within 3 months of death) Major findings of operations. Dale of op.
16. Informant Mrs. Harry Krotzer (sister) Address 924 Dewey Ave. Hagerstown Md.	Autopsy results
17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory Riverview Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
location Williamsport, Md. 18. Funeral director Edith V. Leaf Address #7 Church St. Williamsport, Md.	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
19. Mod. / 1947 Chast Howell Registrar	23. SIGNATURE M. D. or other M. Or o



PLEASE WRITE

S

carrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DATHS ington County. Washington Kew long in above been death occurred: New long in hospital of institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution, or street address where death occurred: New long in hospital or institution. New long in hospital or institution. New long in			
City or town. Haggratown New long in above place of death? Life Nospila, institution, or street address where death occurred: Nospila, institution, or street address where death occurred: Nov long in hospilal or institution. S. (a) FULL NAME 3. (b) Social Security Number ANDREW JACKSON ZECTE 4. Sea ANDREW JACKSON ZECTE 4. Sea S. Color or race S. (c) Stange, minried, widowed, or divorced S. (c) Hame of hurband or wile. S. (d) Hame of hurband or w	1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Street No. 519 W. Washington St. (If rural, give LOCATION)	Cily or town	state Maryland County Washington Cily or town Hagerstown	
Now long in hospital or institution? 3. (a) FULL NAME ANDREW TACKSON ZECER 4. Sex S. Dolor of race S. (a) Simple, marries, widowed, or diversed Male Single 5. (b) Hame of hurband or wife 5. (c) Halive, give age years 6. (a) Hame of hurband or wife 5. (c) Halive, give age years 7. Birth false of deceaved (mo. day, yr.) August 11, 1947 8. AGE: Years Months Days Iffest han one day O 1 22 hrs. min. 9. Birthplace, Hagerstown, Washington Co., Md. 10. Usual occupation 11. Industry or huriness 12. Name Roy M. Zeger 13. Birthplace Mercersburg, Penna. 15. Birthplace Hagerstown, Md. 16. Indemment Roy M. Zeger Address 519 W. Washington St. 17. Burial 18. Burials Date thereof Cot. 4 1947 Cemetery or crematory, Rose Hill Cemetery Cemetery or crematory, Rose Hill Cemetery Cemetery or crematory, Rose Hill Cemetery Location Hagerstown, Md. Hagerstown,			
ANDREW JACKSON ZECER 4. Sex S. Colifor race S. (G) Single matried, widewed, or diversed Male White Single S. (c) Haire, give age Person S. (c) Haire, give age T. Birth date of deceased (roo. day, yr.) August 11, 1947 S. AGE: Years O 1 22 hrs. min. 9. Birthplace Hagerstown, Washington Co, Md. The industry or business T. Birthplace Mercersburg, Penna. T. Birthplace Mercersburg, Penna. T. Birthplace Hagerstown, Md. T.	How long in hospital or institution?		
Male White Single 8. (b) Name of husband or wife 8. (c) It alive, give age gears and final I list saw how alive on list in the listeness deceased from general form of the same of the s		3. (b) Social Security Number	
Male White Single 8. (b) Name of husband or wife 8. (c) It alive, give age gears and final I list saw how alive on list in the listeness deceased from general form of the same of the s	4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
8. (b) Name of husband or wife 5. (c) If alive, give age years deceased (mo. day, yr.) 8. AGE: Vears Months O 1 22 hrs. min. 9. Birthplace. Hagerstown, Washington Co., Md. 10. Usual occupation 11. Industry or business 12. Name. Roy. M. Zeger. 13. Birthplace Hagerstown, Md. 14. Maiden name. 15. Birthplace Hagerstown, Md. 16. Informant. Roy. M. Zeger Address 519 W. Washington St. 17. Burial 18. Cemetery or crematory. Rose Hill Cemetery. Cemetery or crematory. Cemetery or crematory. Rose Hill Cemetery. Cemetery or crematory. Cemetery or crematory			
7. Birth date of deceased (mo. day, yr.) 8. AGE: fears Months Days Hest shan one day O 1 22 hrs. min. 9. Birthplace.Hagerstown, Washington Co, Md. 10. Usual occupation. 11. Industry or business 12. Name Roy M. Zeger 13. Birthplace Mercersburg, Penna. 14. Maiden name Helen Barron 15. Birthplace Hagerstown, Md. 16. Informant Roy M. Zeger Address 519 W. Washington St. 17. Burial (Burial, cremation, or removel. Which) Cemetery or crematory, Rose Hill Cemetery Location Hagerstown, Md. 18. Information of death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of on. Cemetery or crematory, or removel. Which? Cemetery or crematory, Rose Hill Cemetery Location Hagerstown, Md. Maior findings of operations. Date of op. Astopy results PHYSICIAN: Please underline the cause to which dyth shoop he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of on. Cemetery or crematory, or removel. Which? Cemetery or crematory, Rose Hill Cemetery Location Hagerstown, Md. Manage of largery (City or town) (County) (State) Inmediate cause of depth. Due to. Due to. Due to. Due to. Inmediate cause of depth. Due to. Due to. Manage of operations. Only the conditions which of death of the shoop he charged statistically. Accident, suicide, or homicide. Date of op. Accident, suicide. Date of op.	6.(b) Name of husband or wife		
7. Birthplace decased (mo., day, yr.) August 11, 1947 8. AGE: Years Months Days If less than one day O 1 22 hrs. min. 9. Birthplace. Hagerstown, Washington Co., Md., (Town, county, and ataks) 10. Usual occupation. 11. Industry or business 12. Name Roy M. Zeger 13. Birthplace Mercersburg, Penna. 14. Maiden name Helen Barron 15. Birthplace Hagerstown, Md. 16. Informant. Roy M. Zeger Address 519 W. Washington St. 17. Washington St. 18. Timediate cause of death. 19. Timediate cause of death. 10. Usual occupation. 11. Industry or business 12. Name Roy M. Zeger Address 519 W. Washington St. 14. Maiden name Helen Barron 15. Birthplace Hagerstown, Md. 16. Informant. Roy M. Zeger Address 519 W. Washington St. 17. Usual occupation. 18. Timediate cause of death. 19. Timediate cause of death. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name Roy M. Zeger Address 519 W. Washington St. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide. 23. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide. 24. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homoide.			
8. AGE: Years O 1 22 hrs. min. 9. Birthplace Hagerstown, Washington Co., Md. Due to. 10. Usual occupation Due to. 11. Industry or business Due to. 12. Name Roy M. Zeger 13. Birthplace Mercersburg, Penna. 14. Maiden name Helen Barron 15. Birthplace Hagerstown, Md. 16. Informant Roy M. Zeger Address 519 W. Washington St. 17. Burial Burial Due to. 18. Due to. 19. Washington St. 19. Washington St. 10. Usual occupation Due to. 11. Due to. 12. Name Roy M. Zeger Address 519 W. Washington St. 13. Birthplace Hagerstown, Md. 14. Maiden name Pelen Barron 15. Birthplace Hagerstown, Md. 16. Informant Roy M. Zeger Address 519 W. Washington St. 17. Burial Cemetery of crematory Rose Hill Cemetery (month) (day) (year) 18. Cemetery or crematory Rose Hill Cemetery (City or town) (County) (State) 19. Injured at home, farm, industry, public place (where?)	7. Birth date of	and that I last saw h saw alive on	
9. BirthplaceHagerstownWashingtonCo, Md 10. Usual occupation 11. Industry or business 12. Name		Immediate cause of death	
Due to 11. Industry or business 12. Name	0 1 22hrsmin.		
12. Name	1D, Usual occupation	Due to	
13. Birthplace Mercersburg, Penna. 14. Malden name 15. Birthplace Hagerstown, Md. 16. Informant Roy M. Zeger Address 519 W. Washington St. 17. Burial Date thereof Oct 4 1947 (Burlat, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md Location Hagerstown, Md Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which dath shaped he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)			
Helen Barron 14. Malden name Hagerstown, Md Roy M. Zeger Address 519 W. Washington St. Burial Burial Burial Cemetery or crematory. Rose Hill Cemetery Location Hagerstown, Md Location Location Hagerstown, Md Locat			
14. Major findings of operations 15. Birthplace Hagerstown, Md. 16. Informant Roy M. Zeger Address 519 W. Washington St. 17. Burial Date thereof Oct 4 1947 (Burlat, cremation, or removal, Which?) 18. Date thereof Oct 4 1947 (Burlat, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md Injured at home, farm, industry, public place (where?) Major findings of operations Mator Major findings of operations Mator Major findings of operations Major findings of ope		(Include pregnancy within 3 months of death)	
16, Informant Roy M. Zeger Address 519 W. Washington St. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md Location County Manager of Injury Antopsy results. PHYSICIAN: Please underline the cause to which doth should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)	E 14. Maiden name Helen Darron		
Antopsy results. PHYSICIAN: Please underline the cause to which dath should be charged statistically. PHYSICIAN: Please underline the cause to which dath should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide	15. Birthplace Hagerstown Md.		
Address 519 W. Washington St. 17. Burial Date fhereof OCt. 4 1947 (Burlal, cremation, or removal, Which?) Date fhereof (month) (day) (year) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown Md Location Hagerstown Md Date force of the consection which dath should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		Antoney results No autoper	
Burial Date thereof. Oct. 4 1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown, Md Location Hagerstown, Md Date thereof. Oct. 4 1947 (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)		PHYSICIAN: Please underline the cause to which doubt should be charged statistically,	
Cemetery or crematory Rose Hill Cemetery		22. VIOLENCE: if death was due to external causes, flil in the following:	
Location Hagerstown Md Injured at home, farm, industry, public place (where?)	(Burial, cremation, or removal, Which?) Date thereof Works # 124. (month) (day) (year)	Accident, suicide, or homicide,	
Location Hagerstown Md Injured at home, farm, industry, public place (where?)	Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
18. Funeral director. C.M.SUTER & SON Means of Injury	Location Hagerstown, Md		
	18. Funeral director C.M.SUTER & SON	Meane of Injury Injury 21 work?	
Address Hagerstown, Md		Ka Kanl	
19. Oet. 4. 1947 Charter Course, (Date rec'd by registrar) Registrar Address Vagerator M. Desember Address Vagerator M. Desember 23. SIGNATURE	1 1 NCD 110 1	M. D. os other	

TARGETO PLANTAGE TO BE

TALIABIT S

STREET TO STANFOLD

RECEIVED

OCT 7 1947

BUREAU